S.I.

Ac 44439

County Borough of Ipswich.

REPORT

of

THE MEDICAL OFFICER OF HEALTH

and

SCHOOL MEDICAL OFFICER

for the Year 1932.

65223

LONDON SCH HYGIENE ★ AND TROPICAL MEDICINE ★
LIBRARY
12 JUN 1967

COUNTY BOROUGH OF IPSWICH.

Annual Report

of the

Medical Officer of Health and School Medical Officer

for 1932.

By A. M. N. PRINGLE,
M.B., C.M. Edin., D.P.H. Camb.,
Medical Officer of Health,
School Medical Officer, Superintendent Isolation Hospital,
Medical Officer to the Ipswich Port Sanitary Authority,
Fellow of the Royal Sanitary Institute,
Fellow of the Royal Society of Medicine,
etc.

IPSWICH:
EAST ANGLIAN DAILY TIMES CO., LTD
1933

INDEX.

PAGE
OFFICERS OF THE PUBLIC HEALTH SERVICE 7
GENERAL PROVISION OF HEALTH SERVICES 9
CLINICS AND TREATMENT CENTRES 10
STATISTICS:—
General 11
Extracts from Vital Statistics 11
POPULATION 12
HOUSING PROVISIONS 13
MARRIAGES 16
BIRTHS:—
General 17
Twin 19
DEATHS:—
Rates from all Causes 20
Quarterly Rates 22
Monthly Rates 23
Summary of Principal Causes at all Ages 24
Rates over 70 years of age 25
Causes over 70 years of age 26
Disease Groups:—
Seven Principal Zymotic Diseases 27
Small Pox 28
Enteric Fever 28
Scarlet Fever 29
Diphtheria 30
Whooping Cough 31
Measles 32
Zymotic Diarrhœa under 2 years 33
Influenza 34
Tuberculosis 36
Cancer 37
Respiratory System 40
Heart 45
Cerebral Hæmorrhage, Embolism and Thrombosis 47
Arterio Sclerosis 47
Violence 48
Puerperal Mortality 48

INDEX—*continued.*

DEATHS—continued. PAGE

Infant Mortality :—

Decennial and Quinquennial Infant deaths 50
Age distribution and causes of Infant deaths 50
.. .. of the Infant death rates under 1 year .. 53
Still Births 54

INFECTIOUS DISEASES :—

Notifications and Rates 55
Variations in Infections 58

TUBERCULOSIS :—

Notifications 62
Notification Rates 63
Age and Sex Distribution 63
Principal Sites 64
Survival Table 64
Dispensary 64

Institutional Treatment :—

Ipswich Sanatorium 65
Surgical Cases 68

Dental work in connection with Tuberculosis 69

MATERNITY AND CHILD WELFARE :—

Maternity Welfare :—

Ante and Post Natal Clinic 70
Ipswich Maternity Home 72
Midwives' Acts, 1902 & 1918 73
Assistance Schemes 74
Dental Work 76

Child Welfare :—

Home Visits by Health Visitors 77
Infant Clinics 77
Artificial Light Clinic 79
Ophthalmia Neonatorum 80
Infant Life Protection 80
Assistance Schemes 81
Dental Work 81

BOROUGH ISOLATION HOSPITAL :—

Admissions and Discharges 82
Accommodation 83
Deaths in 85

SMALL-POX HOSPITAL 86

HEATHFIELDS MUNICIPAL HOSPITAL 86

INDEX.—*continued.*

PAGE

AMBULANCE SERVICES 87

LABORATORY 90

HEALTH EDUCATION 91

VACCINATION 91

VENEREAL DISEASES 92

WATER SUPPLY 96

STREET CLEANSING AND COLLECTION AND DISPOSAL OF HOUSE REFUSE 96

REPORT OF CHIEF SANITARY INSPECTOR 97

SCHOOL MEDICAL OFFICER'S REPORT:—

General 113

Dental Surgeon's Report 135

Statistical Tables 140

COUNTY BOROUGH OF IPSWICH.

Public Health Officers of the Authority.

December 31st, 1932.

MEDICAL (Whole Time).

Medical Officer of Health, School Medical Officer, Tuberculosis Officer and Superintendent, Ipswich Isolation Hospital.

A. M. N. PRINGLE, M.B., C.M. (Edin.), D.P.H. (Camb.).

Deputy Medical Officer of Health, etc., etc.

A. W. GAYE, B.A., M.B., B.CH., D.P.H. (Camb.), M.B., CH.B. (Manc.).

Assistant Medical Officer of Health, Resident Medical Officer, Ipswich Isolation Hospital, etc.

DORIS E. P. JOLLY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Superintendent, Ipswich Sanatorium.

W. F. SUTCLIFFE, M.R.C.S., L.R.C.P.

Assistant Medical Officer, Ipswich Sanatorium.

R. PHILPOTT, M.A., M.R.C.S., L.R.C.P.

Resident Medical Officer, Heathfields Municipal Hospital.

ANNIE C. EASTERBROOK, M.B., CH.B. (Edin.), D.P.H. (London).

(Appointed 27/12/32).

Part Time.

Assistant School Medical Officer.

EDNA M. EDWARDS, M.R.C.S., L.R.C.P.

Medical Officer V.D. Clinic.

F. FOWLER WARD, B.A., M.B., B.CH.

Medical Officer Heathfields Municipal Hospital and St. John's Home.

J. GUTCH, M.A., M.D., B.CH., M.R.C.S., L.R.C.P.

District Medical Officer under Poor Law Acts.

W. F. FRYER, L.R.C.P., M.R.C.S.

Public Vaccinator

H. W. FAREBROTHER, M.R.C.S., L.R.C.P., (London)

(Appointed 9/1/32).

Consultants.

Orthopædics

R. CHARLES, O.B.E., F.R.C.S.

Puerperal Fever

J. GUTCH, M.A., M.D., B.CH., M.R.C.S., L.R.C.P.

DENTAL SURGEONS (Whole Time).

Education and Public Health.

T. A. EDMONDSON, L.D.S., R.C.S. (Eng.).

A. W. T. WARD, L.D.S., R.C.S. (Eng.).

R. CUTHILL, L.D.S., R.C.S. (Eng.).

PUBLIC HEALTH OFFICERS OF THE AUTHORITY—continued.

OTHER OFFICERS (Whole Time).

Chief Sanitary Inspector.

H. L. BATY. 1, 2.
(Appointed 15/7/1932).

District Sanitary Inspectors.

G. ELLISON. 1, 2   R. F. WYNN. 1, 2.   F. W. FAIREY. 1,2.

Health Visitors.

Miss F. PEPPER. 3, 4, 5.   Miss M. SPRINGETT. 3, 4, 5.
,, F. M. CROSS. 3, 4, 5   Mrs. E. F. FENNA. 3, 4, 5.

School Nurses.

Miss M. SANDBACH. 3.   Miss F. ILETT. 3.

Tuberculosis Nurse.

Miss E. JONES. 3.

Matron Isolation Hospital.

Miss A. EDLINGTON. 3.
(Retired 16/1/1933).

Miss E. LAW. 3.
(Appointed 16/1/1933).

Midwives, Maternity Home.

Miss F. WILLCOX. 3, 4.   Miss G. KENNEY. 3, 4.

Chief Clerk.

H. J. WALTON. 1.

1.—Sanitary Inspectors Certificate R.S. Institute.
2.—Meat Inspectors Certificate.
3.—Trained Nurse.
4.—Certificate of C.M.B.
5.—Health Visitors Certificate R.S.I.

Part Time.

Public Analyst.

W. LINCOLNE SUTTON, F.I.C.

Veterinary Surgeon.

W. J. BROWNING, M.R.C.V.S.

Vaccination Officers.

Ipswich (Eastern) Sub-District, S. JAMES.
Ipswich (Western) Sub-District, H. J. WALTON.
(Appointed 1/7/32).

Matron, Maternity Home.

Miss M. BLYTH, 3, 4.

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY BOROUGH OF IPSWICH.

HOSPITAL PROVISION.

1. FEVER.

Ipswich Isolation Hospital, Foxhall Road, Ipswich—110 beds, including cubicle block of 24 beds for suspects or mixed infections—accommodation for all forms of Infectious Diseases.

2. SMALL POX.

Ipswich Small Pox Hospital, Foxhall Heath, near Ipswich—24 beds.

3. TUBERCULOSIS.

Ipswich Sanatorium, Foxhall, near Ipswich—120 beds, early cases.

Ipswich Isolation Hospital :—

Advanced Tuberculosis—30 beds.
Surgical Tuberculosis—24 beds.

East Suffolk and Ipswich Hospital (Voluntary Hospital)—beds as required for operative treatment.

4. MATERNITY.

Ipswich Maternity Home, Wingfield Street, Ipswich—15 bedrooms and 2 Labour Rooms.

5. MUNICIPAL HOSPITAL.

Heathfields Municipal Hospital—311 beds.

AMBULANCE FACILITIES.

(a) INFECTIOUS CASES.

A Motor Ambulance has been provided by the Council and Motor Van for the removal of infected bedding.

(b) NON-INFECTIOUS AND ACCIDENT CASES.

The Council have no Ambulances for use in these connections, but assists the local Branch of St. John Ambulance by an annual grant.

CLINICS AND TREATMENT CENTRES.

1. INFANT WELFARE CENTRES.

(a) PUBLIC HEALTH DEPARTMENT, ELM STREET.
Every afternoon (except Saturday), 2.30 p.m.—5.0 p.m.
Medical Officer in attendance Monday and Thursday.

(b) NACTON ESTATE (RED TRIANGLE HUT).
Every Tuesday afternoon, 2.30 p.m.—5 p.m.
Medical Officer in attendance, 2.30 p.m.—3.30 p.m.

2. ANTE-NATAL AND POST-NATAL CLINICS.

Every Wednesday and Friday afternoon, 2.30 p.m.—5 p.m.

3. ARTIFICIAL LIGHT CLINIC.

Every afternoon, except Wednesday and Saturday, at 2.30 p.m.

4. SCHOOL CLINIC.

Open every day for all children attending School.

5. TREATMENT CLINIC.

Open every day for all children attending School.

6. DENTAL CLINIC.

Open every day for all children attending School.

Tuberculosis patients, expectant mothers and children under 5 years by special appointment.

7. TUBERCULOSIS DISPENSARY.

Adults every Tuesday and Friday at 10 a.m.
Children every Friday at 2.30 p.m.

8. TREATMENT CENTRE (VENEREAL DISEASES).

Clinics are held at the East Suffolk and Ipswich Hospital (Voluntary Hospital) as under :—

Adults—Males, Wednesday at 5.30 p.m., Friday at 1 p.m.
Females, Wednesday at 4.0 p.m., Friday at 2.30 p.m.
Children, Thursday at 11 a.m.

All the above Clinics are held at the Public Health Department, Elm Street, Ipswich, except where stated otherwise.

STATISTICS AND SOCIAL CONDITIONS.

Area (acres)	8,112
Population, Census 1921	79,371
Population, Census 1931	87,557
No. of Inhabited Houses (1921)	17,764
No. of Inhabited Houses (at 31/3/1932) according to Rate Books	23,675
No. of Families or Separate Occupiers (1921)	18,923
Rateable Value, March, 1932	£499,437
Sum represented by a Penny Rate, 1932	£1,925

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1932.

	Total.	M.	F.	Birth-Rate.
BIRTHS—Legitimate	1,297	641	656	15.4
,, Illegitimate	66	30	36	
				Rate per 1,000 Total Births.
STILLBIRTHS	46	30	16	33
				Death Rate.
DEATHS	1,068	495	573	12.12

Percentage of Total Deaths occurring in Public Institutions		34%
Number of women dying in, or in consequence of, child-birth	From Sepsis	—
	From other causes	5
Death-rate of Infants under 1 year of age per 1,000 live Births:— Legitimate 45, Illegitimate 60	Total	45
Deaths from Measles (all ages)		3
Deaths from Whooping Cough (all ages)		2
Deaths from Diarrhœa (under 2 years of age)		1

POPULATION.

The populations enumerated in Ipswich at each Census since the first in 1801 are set forth in this Table :—

Year.	Census Populations.			Increases Per Cent.	Females per 1,000 Males.
	Males.	Females.	Persons.		
1801	4,984	6,293	11,277	—	1,262
1811	6,064	7,606	13,670	21.2	1,254
1821	7,831	9,355	17,186	25.6	1,194
1831	9,169	11,032	20,201	17.5	1,203
1841	11,894	13,490	25,384	25.6	1,134
1851	15,474	17,440	32,914	29.6	1,127
1861	17,667	20,283	37,950	15.3	1,148
1871	20,047	22,900	42,947	13.1	1,143
1881	23,608	26,712	50,320	17.1	1,131
1891	26,658	30,702	57,360	13.9	1,151
1901	31,181	35,449	66,630	16.1	1,136
1911	34,980	38,952	73,932	10.9	1,113
1921	37,359	42,012	79,371	7.4	1,124
1931	41,343	46,214	87,557	10.3	1,117
1931	41,400	46,250	87,650	—	—
1932	41,640	46,460	88,100	—	—

The populations shown for 1931 and 1932 are my own estimates, not those of the Registrar-General, who gives 87,770 for 1931 and 88,700 for 1932.

In my opinion, the estimates given by the Registrar-General are too high. In support of this view the natural increase of the population, that is to say, the excess of Births over Deaths, was 5,616 in the Census period 1921-1931, an average increase of 561 persons per annum. On analysis of this average figure, it is found that the natural increase of the population in the five years 1921-1925 was 3,182 or 636 per annum, as compared with 2,434 or 487 per annum in the period 1926-1930. In the years 1931 and 1932 the total natural increase was 637 or 318 persons per annum, exactly one-half of that recorded in the period 1921-1925.

It is therefore abundantly evident that the average rate of natural increase indicated by the 1931 Census no longer holds good and therefore it is necessary to estimate the populations from 1931 onwards with due regard to the prime importance of this factor.

The Male rate of natural increase is greater than the Female.

The total increase of the population of Ipswich in 1921-1931 was 8,186 persons, made up of a natural increase of 5,616 persons plus an excess of 2,570 Immigrants over Emigrants.

The Immigrants included 986 Males and 1,584 Females, the sex distribution in this instance being thus the reverse of the natural.

There is no evidence available as to the present position of the immigration side of the question, but the industrial state of the town. at the moment, is not encouraging to immigrants. It is therefore improbable that the Intercensal rate of 257 persons per annum has been maintained.

If we assume that immigration has behaved in the same way as natural increase, then the annual number should be about 127.

On this basis the present annual increase of the population should be about 450, of which the part played by natural increase is founded upon established facts, whilst the part played by immigration is a guess.

HOUSING.

At this moment the subject of the Housing of the people, with particular reference to what is called the Slum problem is very much to the fore. It is therefore opportune to examine what exactly is meant by the term slum, which introduces the first difficulty that there is no definition of a slum commanding universal acceptance. Thus the Sanitarian will condemn as a slum a property which rejoices in the name of Paradise Lane, Pleasant Row, or some other name indicative of the owner's view that the property is fit for a hero's home.

A very little consideration will show that this contradiction is inevitable in the case, since the conditions that establish the claim of a property to the title of slumdom are multiple, not single. Thus it arises that this or that aspect will appeal to this or that person, this fact will be obvious to one but invisible to another. It is the individual standard that varies, so that even in the worst slums there are people who are content.

Housing standards have undergone evolution just like other things, but whilst new properties conform to the advancing ideas of the time, the old properties retain the characteristics of the era in which they were built. This, in spite of the facts that these old properties have been provided with proper water supplies, with adequate drainage and sewerage so that the water carriage system has replaced the old Privy Midden horror, windows have been made to open, yards and streets have been paved, and, in short, they have been equipped with many of the most important amenities of modern life.

These improvements mitigate, but do not remove, the intrinsic errors of obsolete methods of construction and the degenerations of age, which affect houses just like human beings, neither do they affect in any way the disabilities of overcrowding an area or faulty arrangement of such a nature as to interfere with the free circulation of air in and around the house and the play of direct sunlight. Anything which interferes with the free circulation of air or the entry of sunlight is a definite menace to the health of the inhabitants, and is a prime factor in the determination of the fitness of a house for human habitation.

In this relation the contrast between the number of houses permitted to the acre under modern town planning schemes and the condition of affairs in the older parts of industrial towns should bring home the great importance assigned nowadays to adequate space for each house in securing to the inhabitants an adequate standard of health efficiency.

The essence of the Slum Problem is Rent. Slum property is inhabited because it is the cheapest housing that can be got and thus makes the least inroad upon the amount of the family income available for food. Hence we find in actual practise that slums are inhabited by those sections of the community whose earnings are the lowest. There are, of course, exceptions to this rule, but as a general statement it is supported by irrefutable evidence. The earning capacity of any individual depends upon his mental and physical value in the Labour Market, and thus those sections of the community who are handicapped in the battle of life, either mentally of physically, or both, will be found to form the bulk of the lowest paid workers. They live wherever rents are lowest, that is, in the worst property in the area.

In some areas the necessity for living near their work renders it necessary for certain people, able to live elsewhere, to live in slum property. These people contribute their quota to the overcrowding, and only the vital need to be near their place of work keeps them where they are.

In some quarters the view has been expressed that in the course of the stepping process, referred to in my Report for 1926, which is rendered possible in any area in which there is surplus working class accommodation and in which the building of new property has kept pace with the rate of expansion of the number of separate families in the population, the normal movement of families from bad property to better would, in the course of time, empty the slum areas and thus automatically solve the problem.

No one acquainted with the economic facts of the case could ever subscribe to this crude absurdity.

There is only one real solution of the slum problem, and that is demolition. So far as the inhabitants removed from these slums are concerned, they will still continue to be the poorest in the land, their earnings will still be the lowest in the labour market, and their capacity to help themselves will still compare unfavourably with better educated, physically stronger or mentally more alert competitors.

The dweller from the demolished slum will be removed to a house at an increased rental, and the increase in rent will either come out of the bellies of himself and his family, or out of the state in some form of subsidy, or out of industry in the form of increased wages to meet the rise in rents.

On the grounds that this is a national scandal of the first magnitude, and a standing menace to the health of the whole community, a strong case exists for subsidy by the State.

The existing plan for dealing with slum areas is vitiated in one outstanding respect, viz., the compensation payable by Local Authorities to the owners of property to be demolished. As it stands, the owner receives site value only for all condemned property. I hold no brief for the owners of slum property, and in the case of those owners who deliberately exploit slum property as a matter of business the law should be left as it stands and made even more stringent, if possible, as regards site value.

But it is not the case that all owners of slum property belong to this infamous category.

In towns such as Ipswich experience has shown that in many cases the owners of the property are as poor as their tenants. Old people who have invested their life savings in a few cottages, widows and others left small parcels of property, working-class people who have saved enough to buy one or two cheap houses in one of which they live themselves, are examples of owners who should not be dealt with as they are at present.

Further, some allowance in the compensation assessment should be available for the owner who has kept up his property as far as possible in contrast with the owner who has allowed dilapidation to pile on dilapidation.

The obvious injustice of the present position is standing in the way of the rapid and efficient solution of the slum problem, and is creating a certain amount of sympathy for certain slum owners which is inimical to the process of slum clearance.

The sooner this matter is remedied the better will it be for all slum clearance schemes.

Finally, when all the slums have been cleared and all their inhabitants are living in State subsidised houses, what then? Are these particular houses to be subsidised in perpetuity or are they to revert to economic rentals when the needs of the present slum dwellers have been met? If the latter is the policy, it must be based on the assumption that after the present position has been dealt with there are going to be no more people who cannot pay an economic rent. History lends no support to this view.

MARRIAGES.

694 Marriages were registered in Ipswich in 1932, as compared with 679 in the previous year.

The facts with regard to the Marriage Rates in Ipswich are set forth as follows :—

Periods	No. of Marriages.	Marriage rates per 1000 living.	
		Ipswich.	England & Wales.
1841—1850	2,815	19.43	16.1
1851—1860	3,302	18.70	16.9
1861—1870	3,550	17.64	16.6
1871—1880	4,143	17.77	16.2
1881—1890	4,152	15.37	14.9
1891—1900	4,777	15.43	15.6
1901—1910	5,209	14.86	15.5
1911—1920	6,819	17.83	16.6
1921—1930	6,740	16.20	15.5
1841—1845	1,239	18.29	15.7
1846—1850	1,576	20.42	16.5
1851—1855	1,689	19.84	17.1
1856—1860	1,613	17.65	16.7
1861—1865	1,790	18.35	16.8
1866—1870	1,760	16.96	16.4
1871—1875	2,072	18.56	17.1
1876—1880	2,071	17.04	15.3
1881—1885	2,170	16.59	15.2
1886—1890	1,982	14.22	14.7
1891—1895	2,326	15.60	15.1
1896—1900	2,451	15.28	16.1
1901—1905	2,560	14.99	15.6
1906—1910	2,649	14.73	15.3
1911—1915	3,201	16.94	16.4
1916—1920	3,618	18.70	16.8
1921—1925	3,316	16.34	15.7
1926—1930	3,424	16.06	15.4
1921	701	17.63	16.9
1922	635	15.80	15.7
1923	662	16.31	15.2
1924	600	14.68	15.3
1925	718	17.34	15.2
1926	654	15.64	14.3
1927	675	15.98	15.7
1928	680	15.95	15.4
1929	714	16.59	15.8
1930	701	16.13	15.8
1931	679	15.48	15.6
1932	694	15.72	15.2

BIRTHS.

1,363 Births were registered in 1932, as compared with 1,371 in 1931, and annual averages of 1,457 and 1,542 respectively for the quinquennial periods 1926-1930 and 1921-1925.

The facts as to the number of births registered and the Birth-rates are set forth as follows:—

Periods.	Number.			Rates.	
	Males.	Females.	Persons.	Ipswich.	England and Wales.
1841—1850	4,783	4,608	9,391	**32.7**	32.6
1851—1860	6,088	5,837	11,925	**33.7**	34.1
1861—1870	6,805	6,488	13,293	**33.2**	35.2
1871—1880	8,005	7,606	15,611	**33.4**	35.4
1881—1890	8,619	8,485	17,104	**31.6**	32.4
1891—1900	9,058	8,729	17,787	**28.7**	29.9
1901—1910	9,586	9,212	18,798	**26.8**	27.2
1911—1920	8,436	8,102	16,538	**21.6**	21.8
1921—1930	7,602	7,396	14,998	**18.0**	18.3
1841—1845	2,036	2,056	4,092	**30.2**	32.3
1846—1850	2,747	2,552	5,299	**34.4**	32.8
1851—1855	2,914	2,864	5,778	**33.9**	33.9
1856—1860	3,174	2,973	6,147	**33.6**	34.4
1861—1865	3,308	3,144	6,452	**33.1**	35.1
1866—1870	3,497	3,344	6,841	**32.9**	35.3
1871—1875	3,820	3,646	7,466	**33.4**	35.5
1876—1880	4,185	3,960	8,145	**33.5**	35.3
1881—1885	4,258	4,230	8,488	**32.5**	33.5
1886—1890	4,361	4,255	8,616	**30.9**	31.4
1891—1895	4,444	4,339	8,783	**29.5**	30.5
1896—1900	4,614	4,390	9,004	**28.1**	29.3
1901—1905	4,899	4,719	9,618	**28.2**	28.2
1906—1910	4,687	4,493	9,180	**25.5**	26.3
1911—1915	4,481	4,271	8,752	**23.2**	23.6
1916—1920	3,955	3,831	7,786	**20.1**	20.1
1921—1925	3,829	3,883	7,712	**19.0**	19.9
1926—1930	3,773	3,513	7,286	**17.0**	16.7
1921	844	880	1,724	**21.6**	22.4
1922	773	813	1,586	**19.7**	20.6
1923	782	766	1,548	**19.0**	19.7
1924	735	698	1,433	**17.4**	18.8
1925	695	726	1,421	**17.1**	18.3
1926	777	763	1,540	**18.4**	17.8
1927	729	687	1,416	**16.7**	16.7
1928	768	656	1,424	**16.7**	16.7
1929	725	713	1,438	**16.7**	16.3
1930	774	694	1,468	**16.8**	16.3
1931	702	669	1,371	**15.6**	15.8
1932	671	692	1,363	**15.4**	15.3

The Birth-rate in 1932 was the lowest recorded in the history of the Borough. The average Birth-rate of the years 1931 and 1932 was only 46% of that registered in the Decennium 1851-1860.

The decline of the Birth-rate began in Ipswich between 1881 and 1885, exactly the same time as in England and Wales as a whole. The phenomenon was therefore merely local evidence of the national tendency. Since the commencement of the decline the local rates have exhibited the usual tendency to fluctuation as compared with the national rates, but on the whole have kept close to them. Thus in the quinquennia 1901-1905 and 1916-1920, the local rates were exactly the same as the national. In the years 1927 and 1928 the local rates were again identical with the national and at the present time the two are very close.

The causes of the decline in the Birth-rate are well known and have been discussed from time to time in these Reports. It is therefore unnecessary to do more on this occasion than point out the increasing importance of the actual decline in the numbers of potential fathers and mothers in the community. In illustration of this I point out that the number of females born in the Decennium 1921-1930 was 7,396, as compared with 9,212 in 1901-10, a decline of 1,816. The influence of this upon the number of future children is obvious since the other factors in the matter may be expected to continue to exert their influence to as great an extent in the future as in the past.

ANNUAL NUMBER, SEX AND LEGITIMACY OF THE BIRTHS.

The experience since 1921 is shown in the Table thus :—

Year.	Legitimate.			Illegitimate.			All Births.			Males per 1,000 Females.
	M.	F	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1,639	36	49	85	844	880	1,724	959
1922	731	777	1,508	42	36	78	773	813	1,586	958
1923	754	733	1,487	28	33	61	782	766	1,548	1,021
1924	700	669	1,369	35	29	64	735	698	1,433	1,053
1925	661	695	1,356	34	31	65	695	726	1,421	957
1926	748	735	1,483	29	28	57	777	763	1,540	1,018
1927	689	665	1,354	40	22	62	729	687	1,416	1,061
1928	736	625	1,361	32	31	63	768	656	1,424	1,170
1929	694	678	1,372	31	35	66	725	713	1,438	1,017
1930	742	669	1,411	32	25	57	774	694	1,468	1,115
1921-1930	7,263	7,077	14,340	339	319	658	7,602	7,396	14,998	1,028
1931	668	635	1,303	34	34	68	702	669	1,371	1,049
1932	641	656	1,297	30	36	66	671	692	1,363	969

Thus illegitimacy in 1932 was very near the average of the Decennium 1921-1930.

The sex distribution of the Births in 1932 was unusual in that there was a definite female excess instead of the usual male preponderance. This is well shown in the Table.

TWIN BIRTHS.

15 Twin Pregnancies occurred during 1932, resulting in the birth of 29 living children and 1 stillbirth.

Of the Pregnancies, 5 were twin boys, 3 twin girls, and 7 mixed twins.

3.4% of the Twins were stillborn.

The local Twin record for the years 1921-1932 inclusive shows a total of 206 Pregnancies, representing 412 potential lives, of whom 369 or 89.6% were born alive and 43 or 10.4% were born dead.

In the 12 years, 35 out of 206 Twin Pregnancies or 17.0% were associated with stillbirth, a proportion which is far above the experience of single births.

DEATHS AND DEATH-RATES FROM ALL CAUSES.

I give a Table showing the crude death-rates recorded for Ipswich as contrasted with those of England and Wales since 1841 :—

Periods.	No. of Deaths (Ipswich).			Crude Death-rates per 1000 living.					
				Males.		Females.		Persons.	
	M.	F.	P.	Ipswich	E. & W.	Ipswich	E. & W.	Ipswich	E. & W.
1841—1850	3,245	3,324	6.569	23.85	23.1	21.60	21.6	22.67	22.4
1851—1860	3,863	3,987	7.850	23.38	23.1	21.60	21.4	22.21	22.2
1861—1870	4,440	4,480	8.920	23.66	23.7	20.82	21.4	22.12	22.5
1871—1880	5,273	5,044	10.317	24.15	22.7	20.33	20.1	22.08	21.4
1881—1890	5,053	5,016	10.069	20.00	20.3	17.40	18.1	18.62	19.1
1891—1900	5,649	5,529	11,178	19.54	19.3	16.74	17.1	17.99	18.2
1901—1910	5,335	5.231	10.566	16.16	16.4	14.07	14.4	15.00	15.4
1911—1920	5,270	5,283	10.553	14.56	15.9	13.11	13.0	13.80	14.3
1921—1930	4,604	4,778	9,382	11.73	12.9	10.86	11.4	11.27	12.1
1841—1845	1,402	1,417	2,819	22.15	22.1	19.70	20.6	20.81	21.4
1846—1850	1,843	1,907	3.750	25.43	24.1	23.32	22.6	24,31	23.3
1851—1855	1,989	1,971	3.960	24.91	23.5	21.84	21.8	23.26	22.7
1856—1860	1,874	2,016	3,890	21.97	22.6	20.69	21.0	21.29	21.8
1861—1865	2,235	2,314	4,549	24.53	23.7	22.21	21.5	23.32	22.6
1866—1870	2,205	2.166	4,371	22.79	23.7	19.56	21.2	21.07	22.4
1871—1875	2,586	2.440	5,026	24.78	23.3	20.52	20.7	22.51	22.0
1876—1880	2,687	2.604	5,291	23.58	22.1	20.17	19.5	21.76	20.8
1881—1885	2,496	2,505	5.001	20.37	20.5	18.01	18.3	19.12	19.4
1886—1890	2,557	2.511	5,068	19.69	20.0	16.88	17.8	18.19	18.9
1891—1895	2,841	2,760	5.601	20.46	19.8	17.32	17.7	18.77	18.7
1896—1900	2,808	2,769	5.577	18.74	18.8	16.20	16.6	17.38	17.7
1901—1905	2,692	2,636	5.328	16.80	17.1	14.55	15.0	15.60	16.0
1906—1910	2.643	2,595	5,238	15.57	15.6	13.66	13.8	14.56	14.7
1911—1915	2,765	2,597	5,362	15.43	15.4	13.07	13.2	14.19	14.3
1916—1920	2,505	2,686	5.191	13.71	16.5	13.14	12.8	13.41	14.4
1921—1925	2,200	2,330	4,530	11.50	13.0	10.85	11.4	11.16	12.2
1926—1930	2,404	2,448	4,852	11.95	12.9	10.87	11.4	11.38	12.1
1911	462	483	945	13.17	15.6	12.37	13.7	12.75	14.6
1912	582	555	1,137	16.40	14.2	14.08	12.6	15.18	13.4
1913	567	488	1,055	15.80	14.8	12.27	12.9	13.94	13.8
1914	546	518	1,064	15.05	14.9	12.90	13.1	13.92	14.0
1915	608	553	1,161	16.70	17.7	13,70	14.0	15.12	15.7
1916	506	521	1,027	13.90	16.6	12.87	12.5	13.36	14.3
1917	521	533	1,054	14.32	17.1	13.12	12.1	13.69	14.2
1918	540	606	1,146	14.84	20.1	14.88	15.2	14.86	17.3
1919	488	527	1.015	13.36	15.7	12.86	12.6	13.09	14.0
1920	450	499	949	12.17	13.5	12.01	11.5	12.09	12.4
1921	432	459	891	11.54	13.0	10.90	11.3	11.20	12.1
1922	448	526	974	11.84	13.6	12.37	12.0	12.12	12.8
1923	411	427	838	10.75	12.4	9.94	10.9	10.32	11.6
1924	398	403	801	10.30	12.9	9.29	11.5	9.77	12.2
1925	511	515	1,026	13.09	12.9	11.76	11.4	12.39	12.2
1926	440	429	869	11.16	12.4	9.70	10.9	10.39	11.6
1927	516	544	1,060	12,95	13.1	12.19	11.6	12.55	12.3
1928	481	479	960	11.95	12.5	10.63	10.9	11.26	11.7
1929	505	545	1,050	12.43	14.2	11,99	12.7	12,19	13.4
1930	462	451	913	11.23	12.3	9.83	10.7	10.50	11.4
1931	487	542	1,029	11.76	13.0	11,71	11.6	11.73	12.3
1932	495	573	1,068	11.88		12.33		12,12	12.0

The Death-rate of persons in 1932 was therefore above the averages of the Quinquennia 1921-1925 and 1926-30, but below all the other averages in the series. The rate for the year was the highest recorded since 1921, with the exceptions of 1922, 1925, 1927 and 1929.

The rise in the mortality figure was due to a disproportionate increase in the female mortality experience, which was higher than the male, the reverse being the rule. In fact, the female rate in 1932 was the highest recorded since 1922 and was considerably above the last two quinquennial averages.

The male rate, on the other hand, was below the average of the quinquennium 1926-30, but above that of 1921-1925. It was, of course, below all previous quinquennial averages.

Frequent reference has been made in these Reports to the tendency to the diminution of sex discrepancy in the recorded death-rates in consequence of the slowing up of the female rate of decline, evidenced, for instance, by the quinquennial average female death-rates from 1906-1920, thus permitting the declining male death-rate to approach the female. The experience of the last two years points definitely in the same direction.

The reasons for the rise in the death-rate and the sex variation will appear in the subsequent pages.

Reference has been made already to the ageing of the population, and the Table supplies one of the answers explanatory of the phenomenon.

The position is seen most easily in the Decennial part of the Table. It is seen that a mortality of 6,569 persons in the 10 years 1841-1850 produced a death-rate of 22.67 per 1,000 living. On the other hand, in the period 1921-1930 a mortality of 9,382 persons accounted for a death-rate of 11.27 per 1,000 living.

In other words, the deaths increased only by 2,813, although the population increase was over 60,000, whereas the death-rate declined by rather more than 50%.

This may be restated in more telling terms, thus :—

The death-rate of 22.67 per 1,000 living in 1841-1850 represented 6,569 deaths in that period, whereas if the death-rate in 1921-1930 had remained unchanged at 22.67, then the number of deaths registered in that Decennium would have been 18,862 instead of 9,382, a difference of 9,480 additional survivors in that single Decennium.

This process of piling up lives year by year, evidenced by the falling death-rate, has been going on at an increasing rate for over 50 years, with the inevitable result that there is an ever increasing number of aged people in the total population. Further, the decline in the birth-rate during this century has notably increased the proportion of old people in the community.

QUARTERLY DEATH-RATES.

The following Table summarises the facts :—

Decennial Periods.	March.		June.		September.		December.	
	Death-rates.		Death-rates.		Death-rates.		Death-rates.	
	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.
1841—1850	**24.05**	24.7	**21.12**	22.0	**23.09**	21.0	**22.44**	21.7
1851—1860	**23.61**	24.7	**20.56**	22.1	**22.34**	20.3	**22.45**	21.9
1861—1870	**23.84**	25.2	**20.38**	21.8	**22.18**	21.0	**22.26**	22.1
1871—1880	**24.05**	23.7	**20.81**	20.9	**21.60**	19.6	**22.07**	21.3
1881—1890	**20.92**	21.6	**17.15**	18.7	**17.18**	17.3	**19.29**	19.1
1891—1900	**20.69**	20.7	**15.99**	17.6	**18.17**	17.0	**17.41**	17.7
1901—1910	**17.84**	17.7	**13.89**	14.6	**13.53**	13.8	**15.15**	15.4
1911—1920	**17.15**	17.2	**12.84**	13.6	**11.32**	11.8	**13.93**	15.0
1921—1930	**14.83**	15.5	**10.42**	11.7	**8.82**	9.5	**11.12**	11.8
1931	**16.10**	16.5	**10.93**	11.5	**9.41**	9.6	**10.54**	11.7
1932	**17.10**	—	**10.23**	—	**9.45**	—	**11.56**	—

In 1932, there was no departure from the rule of high mortality in the March Quarter, followed by a large drop to that of the June Quarter, with a further small decline in the September Quarter to the lowest mortality for the year. In the December Quarter, the mortality rose to some degree above that of the June Quarter, but not to anything like the height of the March Quarter.

With the exception of the dramatic change in the mortality experience of the September Quarter, so clearly demonstrated in the Table, the relative positions of the other three Quarters of the year have remained unchanged throughout the series, making due allowance for the fluctuations inevitably associated with small communities.

MONTHLY DEATH-RATES.

The Table gives the monthly death-rates since 1841, in the form of averages, those of the period 1841-1880 forming the basis for comparative purposes.

Month	1841—1880	1881—1900.	1901—1910	1911—1920.	1921-1930.	1931	1932.	Percentage Proportion 1921-1930 as compared with 1841-1880. Decrease.
January	24 02	21.52	18.64	15.81	15.60	12.46	14.80	36%
February	24,21	20.37	18.19	19.22	15.23	16.87	18.69	38%
March	23.40	21.49	16.74	16.61	13.70	18.89	17.87	42%
April	21.88	18.36	14.95	14.34	11.70	12.14	9.79	47%
May	20.95	16.33	14.16	12.86	9.98	8.97	9.60	53%
June	19.25	14.89	12.29	11.32	9.61	11.73	11.31	51%
July	18.00	15.15	11.96	10.57	9.03	9.51	10.40	50%
August	23.11	19.08	14.01	11.43	8.80	8.73	9.87	62%
September	25.66	18.95	14.64	12.01	8 61	9.93	8.00	66%
October	21.59	17.12	13.66	12.13	10.06	10.05	10.93	54%
November	21.17	17.37	15.28	16.08	10.84	10.06	9.79	49%
December	24 05	20.45	16 50	13.65	12 48	10.85	13.87	49%
Whole Year	22 27	18.33	15,00	13.80	11,27	11.73	12.12	50%

Thus in 1932 the lowest mortality was recorded in September, followed by May, April and November, and the highest in February, followed by March, January and December.

The position of April is unusual in that it is not expected to be a month of low mortality.

On the other hand, the mortalities experienced in June, July and August, 1932, were above the averages of the corresponding months in the Decennium 1921-1930. Indeed, June and July returned to the averages of the period 1911-1920.

The highest mortality rate occurred in February, as compared with March in 1931. The mortality in March was above the averages of the three Decennia of this century. On the other hand, the January mortality was below them.

SUMMARY OF THE PRINCIPAL CAUSES OF DEATH AT ALL AGES IN 1932.

Numbers of Deaths and Death-Rates per 1,000 living.

Causes of Death.	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
Heart Diseases	100	2.40	94	2.02	194	2.20
Cancer	67	1.60	88	1.89	155	1.76
Bronchitis	35	.83	63	1.35	98	1.11
Tuberculosis	37	.88	38	.81	75	.84
Arterio Sclerosis	36	.86	24	.51	60	.67
Senility	12	.28	39	.83	51	.57
Violence	36	.86	13	.27	49	.55
Pneumonia	21	.50	27	.57	48	.54
Cerebral Hæmorrhage	23	.55	20	.42	43	.48
Bright's Disease	16	.38	22	.47	38	.42
Influenza	9	.21	23	.49	32	.36
7 Principal Zymotics	13	.31	7	.15	20	.22
All Others	90	2.16	115	2.47	205	2.32
Total	495	11.88	573	12.33	1068	12.12

In general terms the groups of diseases included in the Table correspond with the average. The relative positions of the first four in the Group remain the same as in 1931, but Arterio Sclerosis rises from twelfth to fifth place. On the other hand, Cerebral Hæmorrhage receded, largely because of the increase in the deaths classified to Arterio Sclerosis.

For the first time in the history of the Borough the group of diseases peculiar to Early Infancy fell out of the list.

The 7 Principal Zymotic Diseases which at one time followed in close attendance upon Tuberculosis, Bronchitis and Pneumonia, which were the leading causes of death, now occupy the lowest place in the Table.

Influenza retains its place in the list, and Suicide and the Motor-car make sure the position of Violence.

MORTALITY, 70 YEARS OF AGE AND OVER.

The Table shows the sex distribution of the deaths, the death-rates per 1,000 living, and the proportion of deaths at these ages to deaths at all ages, in terms of Decennia since 1841, Quinquennia since 1901, and Annual Returns since 1926.

	Deaths and Death-rates over 70 Years of Age.								
Periods.	No. of Deaths			Death-Rates			Proportions of total Deaths.		
	M	F	P.	M	F.	P.	M.	F.	P.
1841—1850	429	537	966	121.99	116.09	118.66	13.2	16.2	14.7
1851—1860	514	656	1170	117.99	108.27	112.32	13.3	16.5	14.9
1861—1870	625	772	1397	118.25	100.49	107.72	14.1	17.2	15.6
1871—1880	802	1040	1842	129.54	118.45	122.96	15.2	20.7	17.8
1881—1890	856	1060	1916	121.06	108.14	113,97	16.9	21.1	19.0
1891—1900	984	1297	2281	116.38	111.49	113.51	17.4	23.5	20.4
1901—1910	1130	1463	2593	115.42	104.44	108,90	21.1	28.0	24.5
1911—1920	1268	1702	2970	114.71	96.16	103.28	24.1	32.1	28.1
1921—1930	1477	2045	3522	111.9	90.05	98.08	32.0	42.8	37.5
1901—1905	529	665	1194	111.9	100.6	105.3	19.6	25.2	22.4
1906—1910	601	798	1399	119.8	107.0	112.2	22.7	30.7	26.7
1911—1915	656	838	1494	122.8	100.4	109.1	23.7	32.2	27.8
1916—1920	612	864	1476	107.0	92.9	98.2	24.4	32.1	28.4
1921—1925	651	970	1621	*101.7	*89.2	*93.8	29.6	41.6	35.7
1926—1930	826	1075	1901	*121.5	*90.8	*101.9	34.3	43.9	39.1
1926	146	176	322	*113.0	*79.6	*92.0	33.2	40.5	37.0
1927	170	229	399	*121.2	*96.6	*105.8	33.1	41.9	39.6
1928	158	212	370	*112.7	*89.8	*98.1	32.8	44.2	38.5
1929	184	257	441	*131.2	*108.8	*117.2	36.6	47.1	42.1
1930	168	201	369	*119.0	*90.0	*104.0	36.3	44.5	40.4
1931	179	232	411	*133.3	*100.3	*112.2	36.7	42.8	39.9
1932	197	274	471	—	—		39.8	47.8	44.1

* Approximate.

From this it appears that the proportion of deaths of persons of 70 and more years in 1932 was the highest yet recorded, reaching for persons the remarkable proportion of 44.1 .

In the case of females the proportion is within very little of one-half of the total deaths from all causes at all ages.

The proportion is not so high in the case of males, but it is steadily though slowly, increasing.

The following Table summarises the principal causes of death of persons over 70 years of age during 1932.

Causes.	Males.	Females.	Persons.
Heart Diseases	55	56	111
Bronchitis	25	49	74
Cancer	29	43	72
Senility	12	39	51
Cerebral Hæmorrhage ...	17	17	34
Arterio Sclerosis ...	19	14	33
Influenza	5	14	19
Chronic Bright's Disease	4	8	12
All others	31	34	65
Total	197	274	471

The features exhibited in this Table show no departure from the normal, either in type or order.

The position of Heart Disease is due entirely to the recognition of Heart Degenerations as primary causes of death at advanced ages, and it represents largely a change over from Senile Decay to Heart Disease. It does not represent an actual increase in Diseases of the Heart.

In the case of Bronchitis something of the same kind applies since, in my opinion, it is better to classify a death certified as Senile Decay, Bronchitis, to Bronchitis rather than Senility.

Cancer accounted for 15.2% of the deaths over 70 years of age as compared with 11.9%, 14.6%, 11.5% and 13.8% respectively in the four preceding years.

Influenza made one of its frequent appearances in this Table, a sure indication of the toll levied by this disease upon the aged.

DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES.

Viz.:—Enteric Fever, Smallpox, Scarlet Fever, Diphtheria, Measles, Whooping Cough, and Diarrhœa, under two years of age.

Periods	Males		Females		Persons	
	Nos.	Rates	Nos.	Rates	Nos.	Rates
1841—1850	401	2.94	383	2.48	784	2 70
1851—1860	438	2 64	471	2.50	909	2.57
1861—1870	523	2.73	539	2 50	1062	2.61
1871—1880	737	3.37	688	2.77	1425	3.04
1881—1890	514	2 03	528	1.83	1042	1 92
1891—1900	740	2.56	685	2.07	1425	2.29
1901—1910	486	1.47	443	1.19	929	1.31
1911—1920	347	.95	291	.72	638	.83
1921—1930	130	.33	120	.27	250	.30
1841—1845	120	1.88	102	1.41	222	1.64
1846—1850	281	3.87	281	3 43	562	3.64
1851—1855	229	2.86	249	2.75	478	2.80
1856—1860	209	2.45	222	2.27	431	2.36
1861—1865	309	3.40	340	3.26	649	3 32
1866—1870	214	2.21	199	1 80	413	1 99
1871—1875	389	3.72	339	2.85	728	3.26
1876—1880	348	3.05	349	2.70	697	2.86
1881—1885	215	1.75	253	1 82	468	1.79
1886—1890	299	2.30	275	1.84	574	2.06
1891—1895	321	2.31	304	1.90	625	2.09
1896—1900	419	2.79	381	2.23	800	2 49
1901—1905	280	1.74	244	1.34	524	1.53
1906—1910	206	1.21	199	1 04	405	1.12
1911—1915	230	1 28	193	.97	423	1 12
1916—1920	117	.64	98	.48	215	.55
1921—1925	65	.34	71	.33	136	33
1926—1930	65	.32	49	.21	114	.26
1926	12	30	1	.02	13	.15
1927	13	.32	14	.31	27	.32
1928	16	.39	8	17	24	28
1929	9	.22	12	.26	21	.24
1930	15	.36	14	.30	29	.33
1931	17	40	25	.54	42	47
1932	13	.31	7	15	20	22

Thus the number of deaths in this group in 1932 was one of the lowest yet recorded, whilst the death-rate was below even the low average of 1926-1930.

This Table has been the subject of frequent comment in previous Reports, from various points of view, and therefore it is unnecessary to do more than point out once again the enormous reduction that has taken place in the death-rates from these diseases since the beginning of this century. Thus the rate recorded in 1932 was one-seventh of that of the average of 1901-1905.

SMALLPOX.

There were no deaths from Smallpox in 1932.

There have been 5 great epidemics of Smallpox in Ipswich since 1841, viz., 1848-1849 (93 deaths), 1854-1855 (81 deaths), 1860-1861 (45 deaths), 1869-1870 (34 deaths), and 1871-1872 (149 deaths).

The last fatal case of Smallpox occurred in 1893.

ENTERIC FEVER.

There was one death from Enteric Fever in 1932, the first since 1927.

Periods.	Males.		Females.		Persons.	
	No.	Rate.	No.	Rate.	No.	Rate.
1841—1850	8	.05	4	.02	12	.04
1851—1860	11	.06	13	.06	24	.06
1861—1870	21	.10	19	08	40	.09
1871—1880	52	.23	49	.19	101	.21
1881—1890	32	.12	33	.11	65	.12
1891—1900	66	.22	54	.16	120	.19
1901—1910	40	.12	38	.10	78	.11
1911—1920	2	.005	4	009	6	.007
1921—1930	2	.005	3	.006	5	.006
1841—1845	—	—	1	.01	1	.007
1846—1850	8	.11	3	.03	11	.07
1851—1855	4	.05	6	.06	10	.05
1856—1860	7	.08	7	.07	14	.07
1861—1865	9	.09	14	.13	23	.11
1866—1870	12	.12	5	.04	17	08
1871—1875	30	.28	23	19	53	.23
1876—1880	22	.19	26	20	48	.19
1881—1885	21	17	22	15	43	.16
1886—1890	11	.08	11	07	22	.07
1891—1895	27	19	28	.17	55	.18
1896—1900	39	.26	26	15	65	.20
1901—1905	35	.21	30	16	65	.19
1906—1910	5	.02	8	04	13	03
1911—1915	1	.005	2	01	3	007
1916—1920	1	005	2	.009	3	007
1921—1925	1	005	2	.009	3	007
1926—1930	1	004	1	.004	2	.004
1926	—	—	—	—	—	—
1927	1	.02	1	.02	2	.02
1928	—	—	—	—	—	—
1929	—	—	—	—	—	—
1930	—	—	—	—	—	—
1931		—	—	—		
1932	1	.02			1	.01

The Table explains the case.

I have already pointed out that the value of the series in this case is open to considerable question. There is no doubt that the position prior to 1870 is greatly understated, and there is equally little doubt that the accuracy of the figures for the last 30 years or so approaches very closely to the truth.

SCARLET FEVER.

One death was referred to Scarlet Fever in 1932 as compared with three in the previous year and three in the period 1926-1930.

Periods	Males.		Females.		Persons.	
	No.	Rate.	No.	Rate.	No.	Rate
1841—1850	53	.38	67	43	120	41
1851—1860	56	.33	64	.34	120	.33
1861—1870	153	79	151	.70	304	75
1871—1880	101	46	99	.39	200	42
1881—1890	18	.07	20	.06	38	07
1891—1900	21	07	31	09	52	08
1901—1910	4	.01	11	.02	15	02
1911—1920	26	.07	18	04	44	05
1921—1930	3	.007	6	01	9	01
1841—1845	16	.25	20	27	36	26
1846—1850	37	.51	47	57	84	.54
1851—1855	27	.33	39	43	66	.38
1856—1860	29	33	25	25	54	29
1861—1865	115	1 26	118	1 13	233	1 19
1866—1870	38	.39	33	.29	71	34
1871—1875	59	56	43	36	102	45
1876—1880	42	36	56	43	98	40
1881—1885	16	13	20	14	36	13
1886—1890	2	01	—	-	2	00
1891—1895	19	13	18	11	37	12
1896—1900	2	01	13	07	15	04
1901—1905	1	00	5	02	6	01
1906—1910	3	01	6	03	9	02
1911—1915	23	12	15	07	38	.10
1916—1920	3	01	3	01	6	01
1921—1925	1	00	5	02	6	01
1926—1930	2	01	1	00	3	00
1926						
1927						
1928	1	.02			1	01
1929	1	02			1	01
1930			1	02	1	01
1931			3	06	3	03
1932	—		1	02	1	01

This Table was commented on fully in last year's Report. It is therefore only needful to draw attention once more to the two well marked phases of the disease, the one of high fatality ending in 1885, and the other low fatality from 1885 to the present day.

The type continues mild.

DIPHTHERIA.

Diphtheria was responsible for 12 deaths in 1932, as compared with 24 in the previous year.

Periods.	Males.		Females.		Persons.	
	No.	Rate.	No.	Rate.	No.	Rate.
1841—1850	19	.13	16	.10	35	.12
1851—1860	23	.13	27	.14	50	.14
1861—1870	43	.22	57	.26	100	.24
1871—1880	56	.25	53	.21	109	.23
1881—1890	77	.30	91	.31	168	.31
1891—1900	72	.24	85	.25	157	.25
1901—1910	57	.17	45	.12	102	.14
1911—1920	69	.19	58	.14	127	.16
1921—1930	27	.06	25	.05	52	.06
1841—1845	7	.10	7	.09	14	.10
1846—1850	12	.16	9	.10	21	.13
1851—1855	7	.08	5	.05	12	.07
1856—1860	16	.18	22	.22	38	.20
1861—1865	24	.26	48	.46	72	.36
1866—1870	19	.19	9	.08	28	13
1871—1875	15	.14	17	.14	32	.14
1876—1880	41	.35	36	27	77	.31
1881—1885	20	.16	27	.19	47	.17
1886—1890	57	.43	64	.43	121	.43
1891—1895	51	.36	52	.32	103	.34
1896—1900	21	.14	33	.19	54	.16
1901—1905	30	.18	28	.15	58	.16
1906—1910	27	.15	17	.09	44	.12
1911—1915	35	.19	24	.12	59	.15
1916—1920	34	.18	34	.16	68	.17
1921—1925	9	.04	16	.07	25	.06
1926—1930	18	.08	9	.04	27	.06
1926	3	.07	—	—	3	.03
1927	1	.02	—	—	1	.01
1928	3	.07	1	02	4	.04
1929	6	.14	5	.11	11	12
1930	5	.12	3	.06	8	.09
1931	13	.31	11	.23	24	.27
1932	7	.16	5	.10	12	.13

The Table shows that in the last four years more deaths have occurred from Diphtheria than in the ten years 1921-1930, a true indication of the severity of the epidemic of the last few years.

Nine of the 12 deaths in 1932 occurred in the first three months of the year, one in May and two in July. The last two were not recognised during life, and in both cases the history was the same. Both were boys. Both went to bed complaining of nothing and both were found dead in the morning. The diagnosis in each case was confirmed by P.M. There were no other cases in their houses.

The cases dealt with during the greater part of the year were neither as numerous nor as severe as in the previous year.

WHOOPING COUGH.

Two deaths were referred to this disease in 1932, as compared with 7 in 1931.

Periods.	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	76	.55	89	.57	165	.56
1851—1860	66	.39	98	.52	164	.46
1861—1870	82	.42	97	.45	179	.44
1871—1880	126	57	139	.56	265	.56
1881—1890	110	43	138	.47	248	.45
1891—1900	98	.34	102	.30	200	.32
1901—1910	75	.22	92	.24	167	.23
1911—1920	64	17	73	.18	137	.17
1921—1930	33	08	39	.08	72	08
1841—1845	30	.47	31	.43	61	.45
1846—1850	46	.63	58	.70	104	67
1851—1855	26	.32	53	.58	79	.46
1856—1860	40	46	45	.46	85	46
1861—1865	33	.36	37	.35	70	.35
1866—1870	49	50	60	.54	109	.52
1871—1875	60	.57	60	.50	120	.53
1876—1880	66	.57	79	61	145	.59
1881—1885	44	35	76	.54	120	.45
1886—1890	66	50	62	41	128	.45
1891—1895	52	37	50	.31	102	34
1896—1900	46	30	52	30	98	30
1901—1905	45	.28	45	24	90	.26
1906—1910	30	17	47	24	77	.21
1911—1915	39	.21	43	21	82	21
1916—1920	25	13	30	14	55	14
1921—1925	17	.09	21	09	38	09
1926—1930	16	07	18	.08	34	08
1926	4	10	—	—	4	04
1927	8	20	10	22	18	21
1928	3	.07	1	.02	4	04
1929	1	02	6	13	7	08
1930		—	1	02	1	01
1931			7	15	7	07
1932	2	04		—	2	02

There is a good deal of reason to believe that the low fatalities recorded in recent years are, to some extent at least, related to more understanding management of those suffering from the disease.

MEASLES.

There were 3 deaths from Measles in 1932, as compared with 3 in 1931.

Periods.	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	52	.38	35	.22	87	.30
1851—1860	39	.23	32	17	71	20
1861—1870	38	.19	36	.16	74	.18
1871—1880	43	.19	36	14	79	.16
1881—1890	103	.40	93	.32	196	36
1891—1900	102	.35	79	.22	181	.29
1901 1910	103	.31	90	24	193	.27
1911—1920	70	.19	52	.12	122	.15
1921—1930	26	.06	21	04	47	.05
1841—1845	29	.45	12	16	41	.30
1846—1850	23	.31	23	.28	46	.29
1851—1855	21	.26	15	16	36	.21
1856—1860	18	.21	17	.17	35	.19
1861—1865	27	.29	26	24	53	.27
1866—1870	11	.11	10	09	21	.10
1871—1875	15	.14	12	10	27	12
1876—1880	28	.24	24	18	52	.21
1881—1885	27	.22	27	.19	54	.20
1886—1890	76	.58	66	.44	142	.50
1891—1895	30	.21	34	21	64	.21
1896—1960	72	.48	45	.26	117	.36
1901—1905	49	.30	40	.22	89	.26
1906—1910	54	.31	50	26	104	28
1911—1915	45	.25	37	18	82	21
1916—1920	25	.13	15	07	40	10
1921—1925	10	.05	12	.05	22	.05
1926—1930	16	.07	9	.04	25	06
1926	—	—	—	—	—	—
1927	—	—	—	—	—	—
1928	8	.19	3	06	11	12
1929	—	—	—	—	—	—
1930	8	.19	6	.13	14	16
1931	1	.02	2	.04	3	.03
1932	3	07	—	—	3	.03

This Table was considered fully in last year's Report.

It is sufficient to indicate that the last severe epidemic of Measles occurred in 1912 (51 deaths), and that since that date the greatest number of deaths in any epidemic was 19 in 1918.

There is no doubt that the type of Measles now in existence in the Borough does not show the same tendency to the occurrence of fatal Pneumonia or Bronchitis as was the case prior to 1910.

DIARRHŒA UNDER 2 YEARS OF AGE.

One death was ascribed to Zymotic Diarrhœa in 1932.

Periods.	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	149	1.09	113	73	262	.90
1851—1860	184	1.11	186	.98	370	1 04
1861—1870	159	83	149	69	308	76
1871—1880	280	1.28	236	.95	516	1.10
1881—1890	172	.68	153	.53	325	60
1891—1900	380	1.31	334	1.01	714	1.14
1901—1910	207	.62	167	.41	374	.53
1911—1920	116	32	86	.21	202	26
1921—1930	39	.09	26	05	65	.07
1841—1845	33	.51	27	37	60	44
1846—1850	116	1 59	86	1.05	202	1.30
1851—1855	97	1.21	95	1.05	192	1.12
1856—1860	87	1 02	91	.93	178	.97
1861—1865	90	99	87	.83	177	90
1866—1870	69	.71	62	.55	131	63
1871—1875	134	1.28	111	.93	245	1.09
1876—1880	146	1.28	125	96	271	1.11
1881 1885	85	.69	81	.58	166	63
1886—1890	87	.66	72	.48	159	.57
1891—1895	141	1.01	122	.75	263	88
1896—1900	239	1 59	212	1.24	451	1.40
1901 1905	120	74	96	53	216	.63
1906—1910	87	.51	71	.37	158	43
1911—1915	87	48	72	.36	159	.42
1916 1920	29	15	14	06	43	11
1921—1925	27	14	15	06	42	10
1926—1930	12	.06	11	05	23	.05
1926	5	12	1	.02	6	.07
1927	3	07	3	07	6	07
1928	1	.02	3	06	4	04
1929	1	02	1	.02	2	02
1930	2	04	3	06	5	05
1931	3	07	2	.04	5	05
1932	—		1	.02	1	01

This is the second occasion in our series of 92 years upon which one death has been referred to Diarrhœa under 2 years of age, the other instance being 1923.

It is obvious from the Table that the scourge of Summer Diarrhœa, as it was once called, has ceased.

The Diarrhœa of infancy was one of the diseases closely associated with insanitation. It is therefore not surprising that up to the close of the 19th century it levied a heavy toll upon the young life of the Borough, carrying off indiscriminately the weak and the strong. At that time the Town was a Privy Midden Town, and it is in entire correspondence with the nature of the disease that it should disappear within a few years of the complete conversion of the Town to the Water Carriage System.

The disease, as an epidemic state, has disappeared because the conditions necessary to the establishment of the epidemic state have been swept away.

The weather conditions which gave the name of Summer Diarrhœa continue as before, but they are themselves alone incapable, in the absence of the basic condition of brutal insanitation, of producing the epidemic state.

INFLUENZA.

The following Table shows the case :—

Period.	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	10	.07	13	.08	23	.07
1851—1860	3	.01	3	.01	6	.01
1861—1870	4	.02	1	.00	5	.01
1871—1880	—	—	2	.00	2	00
1881—1890	1	.00	4	.01	5	.01
1891—1900	121	.41	143	.43	264	.42
1901—1910	80	.23	83	.22	163	.22
1911—1920	171	.47	206	.50	377	.49
1921—1930	101	.25	132	.30	233	.27
1891—1895	71	.51	86	.53	157	.52
1896—1900	50	.34	57	.33	107	.33
1901—1905	32	.19	37	.20	69	.20
1906—1910	48	.28	46	.24	94	.26
1911—1915	39	.22	38	.19	77	.23
1916—1920	132	.61	168	.82	300	.77
1921—1925	40	.21	68	.31	108	.26
1926—1930	61	.30	64	.28	125	.29
1926	10	.25	9	.20	19	.22
1927	28	.70	30	.67	58	.68
1928	5	.12	3	.06	8	09
1929	14	.34	20	.44	34	.39
1930	4	.09	2	.04	6	06
1931	6	.14	5	.10	11	.12
1932	9	.21	23	.49	32	.36

Thus 1932 was an Influenza year. The epidemic occurred at the usual time of the year, viz., January, February and March. It showed the usual periods of four weeks rise, four weeks at a maximum, and six weeks decline.

I find that in various Reports reference has been made to the disappearance of Influenza between 1850 and 1890. Since these were written I have examined the deaths from Respiratory diseases during the same period, month by month, and now I am not so sure that Influenza was, in actual fact, absent. There are features of the monthly Respiratory Mortalities during that period which seem difficult of explanation apart from Influenza.

It is quite possible that the type of Influenza prevalent during that period may have differed so much from the present type and that experienced prior to 1850, as to have its real significance obscured. It will be noted that deaths continued to be certified as due to Influenza during the whole period, though the numbers were so small as to justify the opinion that the disease had, for practical purposes, disappeared.

Variation is one of the most constant characteristics of epidemic diseases.

DEATHS FROM TUBERCULOSIS.

75 deaths (37 males, 38 females) were referred to Tuberculosis in 1932, as compared with 88, 67, 80, 89 and 90 in the five previous years, and an average of 88.4 for the period 1921-1925.

The number in 1932 was the lowest recorded in the 92 years of the series, with the exceptions of 1930 (67 deaths), and 1926 (69 deaths).

64 of the deaths (33 males and 31 females) were referred to the Pulmonary variety, and 11 (4 males and 7 females) to all the other forms of Tuberculosis.

The number of deaths referred to Tuberculosis of the Lung was the lowest recorded, with the exception of 1926 and 1930 (58 each), and the same applies to the Non-Pulmonary varieties, with the exception of 1930 (9 deaths).

The usual Table follows :—

DEATHS AND DEATH-RATES OF PERSONS FROM TUBERCULOSIS.

Periods.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		All forms of Tuberculosis.	
	Number	Death-Rates	Number	Death-Rates	Number	Death-Rates
1841—1850	1035	3 57	104	.35	1139	3 92
1851—1860	1030	2.91	170	.47	1200	3.39
1861—1870	1143	2.83	181	.44	1324	3.28
1871—1880	1205	2.57	221	.47	1426	3.05
1881—1890	1122	2 07	326	.60	1448	2.67
1891—1900	1086	1.74	263	.42	1349	2 17
1901—1910	1033	1.46	254	.36	1287	1 82
1911—1920	921	1.20	239	.31	1160	1.51
1921—1930	699	.83	138	.16	837	1.00
1841—1845	535	3.94	17	.12	552	4.07
1846—1850	500	3.24	87	.56	587	3.80
1851—1855	546	3 20	89	.52	635	3.72
1856—1860	484	2 64	81	.44	565	3.09
1861—1865	549	2 81	78	40	627	3 21
1866—1870	594	2 86	103	.49	697	3 35
1871—1875	606	2.71	110	.49	716	3.20
1876—1880	599	2 46	111	.45	710	2.91
1881—1885	590	2 25	165	.63	755	2 88
1886—1890	532	1 90	161	.57	693	2.48
1891—1895	569	1.90	115	.38	684	2.29
1896—1900	517	1.60	148	.46	665	2.06
1901—1905	532	1.55	111	.32	643	1.88
1906—1910	501	1.39	143	.39	644	1.79
1911—1915	460	1.21	111	.29	571	1 50
1916—1920	461	1.18	128	.33	589	1 51
1921—1925	378	.92	64	.15	442	1.08
1926—1930	321	.75	74	17	395	.92
1926	56	.66	13	.15	69	.82
1927	75	.88	15	17	90	1.06
1928	66	.77	23	.26	89	1.04
1929	66	.76	14	.16	80	.92
1930	58	.66	9	.10	67	77
1931	72	.82	16	.18	88	1 00
1932	64	72	11	12	75	84

It will suffice to point out that the average death-rate from Tuberculosis at the present day is less than one-third of that recorded in the period 1871-1880, and less than one-half of the average prevailing during the closing 10 years of the 19th century. The decline continues.

CANCER.

155 deaths (males 67, females 88) from Cancer were registered in Ipswich in 1932, as compared with 133 in the previous year. The number in 1932 was the highest yet recorded in the Borough.

The Male deaths equalled the highest previously recorded (1930), while the Female deaths exceeded by 2 those of the previous year, which were the highest registered up to that time.

The male death-rate was the highest in the history of the Borough, with the exception of 1930, but the female death-rate was, in fact, the highest ever reached.

The death-rate for persons for 1932 was considerably in excess of any previous experience.

The facts are set forth in the Table.

Period.	Numbers and Crude Death-rates.					
	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	12	.08	50	32	62	.21
1851—1860	21	12	80	.42	101	28
1861—1870	47	.24	143	.66	190	47
1871—1880	96	.43	193	.77	289	61
1881—1890	115	.45	243	.84	358	66
1891—1900	182	.62	299	.90	481	.77
1901—1910	290	.87	413	1.11	703	.99
1911—1920	399	1.10	562	1.39	961	1.25
1921—1930	523	1.33	694	1.57	1217	1.46
1841—1845	4	06	24	33	28	20
1846—1850	8	.11	26	.31	34	22
1851—1855	12	.15	43	.47	55	32
1856—1860	9	10	37	.38	46	25
1861—1865	12	.13	77	.74	89	45
1866—1870	35	.36	66	.59	101	48
1871—1875	48	.46	103	.86	151	67
1876—1880	48	42	90	.69	138	56
1881—1885	50	.41	117	.84	167	63
1886—1890	65	50	126	.84	191	68
1891—1895	74	.53	145	.90	219	73
1896—1900	108	.72	154	.90	262	81
1901—1905	117	73	164	.90	281	82
1906—1910	173	1.01	249	1.31	422	1.17
1911—1915	196	1.09	274	1.38	470	1.24
1916—1920	203	1.11	288	1.40	491	1.26
1921—1925	256	1.33	329	1.53	585	1.44
1926—1930	267	1.32	365	1.62	632	1.48
1926	44	1.10	61	1.38	105	1.24
1927	50	1.23	66	1.45	116	1.34
1928	49	1.21	80	1.75	129	1.50
1929	57	1.41	79	1.73	136	1.58
1930	67	1.63	79	1.72	146	1.68
1931	47	1.13	86	1.85	133	1.51
1932	67	1.60	88	1.89	155	1.76

It will be noted that the Cancer death-rates for both sexes in 1932 were more than double those recorded for the first 5 years of the present century, but the male rate especially.

Examination of this Table shows that the average male Cancer death-rate remained practically stationary for the period 1896-1905, and the female absolutely stationary from 1891-1905, periods of 10 and 15 years respectively.

These stationary periods were followed by a remarkable jump in the Cancer death-rates in 1906-1910, which is of such a nature as to indicate that here is a variation, the elucidation of the meaning of which, would be of real value.

Examination of some of the details of our Cancer data shows that in 1932, 72 persons over 70 years of age died from Cancer, a proportion of 46.6% of the Cancer deaths at all ages; an arresting, because unusual figure.

Pursuing this line of enquiry, it is found that the increase in the Cancer deaths at all ages since 1906-1910 coincides with a very great and equally sudden increase in the number of deaths, the death-rates per 1,000 living and the proportion of Cancer deaths, of persons of 70 years of age and over to Cancer deaths at all ages. To prove this point I give the following Table showing the quinquennial numbers, death-rates and proportions of persons dying from Cancer since 1881.

Period.	Deaths of Persons from Cancer 70 years and over.		
	No. of Deaths.	Death-Rates.	Proportion of Total Cancer Deaths.
1881—1885	26	3.26	15.5%
1886—1890	42	4.73	21.9%
1891—1895	44	4.54	20.1%
1896—1900	56	5.37	21.3%
1901—1905	69	6.08	24.5%
1906—1910	124	9.93	29.3%
1911—1915	154	11.24	32.7%
1916—1920	161	10.70	32.7%
1921—1925	191	*11.61	32.6%
1926—1930	237	*13.25	37.5%

* Approximate.

This Table demonstrates the intimate association existing between the steep rise in the Cancer death-rate at all ages in 1906-1910 and the deaths from Cancer of persons over 70 years of age. The feature of a sharp rise in the Cancer death-rate followed by continued increases in the rate is also shown at the age period 65-70, but the rise is not so great nor are the other features so marked. Nevertheless, they are similar in kind, and entitle the experience of this age period to be added to that of the age periods over 70 years.

Increases are recorded for ages from 45-65 years, but in no single age period is the feature of uninterrupted progressive increase since 1906-1910 in evidence.

So far as our local figures go it can be stated that there is no evidence of increase in the Cancer death-rates under 40 years of age.

From the point of view of pure statistics, the Cancer death-rate has continued to go on increasing, period by period, apparently undisturbed by the progress of Surgery and the other agencies, X-Rays, Radium, etc., which have been acclaimed from time to time as the solution of the curse. It is possible to claim this at least, that surgical procedures, plus Radium, plus X-Rays, etc., have had the effect of postponing by years, in many cases many years, the age of death from Cancer.

It is further the fact that in not a few of the cases of Cancer deaths in very old people, the real influence of the Cancer in the production of the fatal issue is somewhat obscure.

Nevertheless, all these deaths are classified to Cancer because in the view of the Registrar-General (rightly, I think), such deaths are classified to the disease which is most likely to be fatal.

Thus obviously the question of classification comes into the Cancer problem along with the vexed question of diagnosis. There is not the slightest doubt in my mind that the statistical increase in Cancer is closely related to these facts.

Increased accuracy of diagnosis is responsible for a large part of the increase, and more accurate certification of death is responsible for a further proportion, of greater importance than is generally supposed.

The Cancer deaths in 1932 showed the usual site preferences. For persons the most frequent site was the Intestine, followed by the Stomach and the Rectum.

In the case of males, 13 deaths were referred to Cancer of the Intestine, 9 Cancer of the Rectum, 7 Cancer of the Oesophagus, and 6 Cancer of the Stomach.

In the case of females, 15 deaths were referred to Cancer of the Intestine, 14 Cancer of the Stomach, 13 Cancer of the Uterus, and 11 Cancer of the Breast.

DEATHS FROM DISEASES OF THE RESPIRATORY SYSTEM.

The group includes the various forms of Laryngitis, Bronchitis, Pneumonia, Pleurisy, Congestion of the Lungs, Asthma, and all other diseases of the Lungs and Bronchi.

155 deaths (60 males, 95 females) were referred to this group in 1932, as compared with 151, 85, 156, 156, and 203 respectively in the preceding 5 years, and annual averages of 149, 167 and 158 respectively in the three decennial periods of this century. Thus 1932 was about an average year numerically.

Bronchitis accounted for 98 deaths (35 males, 63 females), the various forms of Pneumonia for 48 deaths (21 males, 27 females), and the remaining diseases in the group for 9 deaths (4 males, 5 females).

Bronchitic diseases were responsible for 63% of the total Respiratory Mortality for the year, Pneumonias for 31%, and the remainder for 6%. The Bronchites and the Pneumonias therefore produced 94% of the total Respiratory Mortality of 1932. This proportion is excessive, the average for the thirty years 1901-1930 being 91.37%, made up of 49.82% for Bronchitis, and 41.55% for the Pneumonias. During the same period the other forms of Respiratory Disease contributed to the total Respiratory Mortality in the following proportions, viz., Asthma 2.29%, Congestion of the Lungs 1.87%, Laryngitis 1.58%, Pleurisy 1.17%, and all the remainder 1.68%.

In 1932 the deaths from Respiratory diseases accounted for 14.5% of the deaths from all causes. This was below the average (15.5%) of the period 1901-1930.

These proportions prove that Respiratory diseases, in other words, for practical purposes, Bronchitis and Pneumonia, exercise a notable influence in the production of the general death-rate.

I give a Table showing the number of deaths from Diseases of the Respiratory System, with the corresponding death-rates arranged in terms of Decennia and Quinquennia since 1841 :—

Periods.	Diseases of the Respiratory System.						
	Deaths.			Death-Rates.			Male deaths per 1,000 Female deaths.
	M.	F.	P.	M	F.	P.	
1841—1850	502	471	973	3.68	3.06	3.35	1,065
1851—1860	636	558	1194	3.84	2.96	3.37	1,139
1861—1870	704	657	1361	3.67	3.05	3.37	1,071
1871—1880	832	754	1586	3.81	3.03	3,39	1,103
1881—1890	924	802	1726	3.65	2.78	3.19	1,152
1891—1900	1063	918	1981	3.67	2.77	3.18	1,158
1901—1910	788	795	1583	2.38	2.13	2.24	991
1911—1920	852	820	1672	2.34	2.03	2.18	1,040
1921—1930	718	774	1492	1.83	1.75	1.79	927
1841—1845	202	161	363	3.17	2.23	2.67	1,254
1846—1850	300	310	610	4.13	3.78	3.95	967
1851—1855	320	284	604	4.00	3.14	3.54	1,126
1856—1860	316	274	590	3.70	2.81	3.22	1,153
1861—1865	353	339	692	3.88	3.25	3.54	1,041
1866—1870	351	318	669	3.62	2.87	3.22	1,103
1871—1875	384	346	730	3.67	2.90	3.27	1,109
1876—1880	448	408	856	3.92	3.15	3.51	1,098
1881—1885	453	406	859	3.69	2,91	3.28	1,115
1886—1890	471	396	867	3.62	2.66	3.10	1,189
1891—1895	591	494	1085	4.25	3.06	3.63	1,196
1896—1900	472	424	896	3.14	2.48	2.78	1,113
1901—1905	378	402	780	2.35	2.21	2.28	940
1906—1910	410	393	803	2.41	2.06	2.23	1,043
1911—1915	465	381	846	2.59	1.91	2.23	1,220
1916—1920	387	439	826	2.11	2.14	2.13	881
1921—1925	347	392	739	1.81	1.82	1.81	885
1926—1930	371	382	753	1.84	1.69	1.76	971

The Decennial death-rates show that the rates for persons remained about stationary between 1841 and 1880. Then occurred an appreciable decline between 1881 and 1900, followed by a considerable drop between 1901 and 1920, and a further decline in 1921-1930.

The quinquennial table of death-rates for persons amplifies the Decennial, and brings out variations between different periods which are concealed in the Decennial series.

There are certain main factors governing Respiratory Mortality, viz., the sex of the person, the age, the season of the year and the sanitary conditions of housing.

The Mortality Table shows that at all ages, the Male Mortality consistently exceeds the Female throughout the whole period, with the exception of the period 1916-1925, during which the Female Mortality was slightly in excess of the Male.

The Male Mortality showed no signs of decline until the beginning of this century, whereas the Female gave indications of diminishing during the closing 20 years of the last century. In this instance, as in others, a consistent decline in the Female Mortality is good evidence that the Male Mortality will in due course follow suit.

Age is of the first importance in relation to Respiratory Mortality.

The lowest Mortality from Respiratory Diseases is experienced at the 10-15 age period.

After 15 years of age the Mortality rises as age increases, at first slowly and then steeply until at ages of 70 and over the Mortality is more than 100 times that of the 10-15 age period.

The Respiratory Mortality at ages under 5 years is very high, the weight falling chiefly upon infants under two years of age. Over 80% of the deaths from Pneumonia and Bronchitis under 5 years of age are actually under two years. In this relation it is worthy of note that between 1841 and 1905 the deaths from Respiratory Diseases under 5 years of age, accounted for no less than 45.3% of the total Respiratory deaths at all ages. At the present moment the proportion is much less, viz., about 16%. The proportional decline is associated with a real decrease in the number of deaths of young children from Respiratory Diseases, which is proved by the decline in the Respiratory death-rate at these ages.

At the same time there is a considerable increase in the number of Respiratory deaths amongst elderly people. A great deal of the latter depends upon certification of the causes of death, as there is no evidence worth consideration pointing to a real increase either in the prevalence or fatality of Respiratory Diseases at these high ages.

The Respiratory death-rate (1916-1920) under 5 years of age was nearly 30 times greater than that of the 10-15 age period.

The exact position of the more recent age period death-rates is unknown as the age distribution of the population at the 1931 Census is still unpublished.

Season of the year has a constant and definite relationship to the Mortality from Pneumonia and Bronchitis. Throughout the whole 92 years of our statistics, Respiratory Mortality is at its lowest in the months of August, September, July and June, and at its highest in January, February, March and December. An idea of the difference between the mortality of the worst and best periods of the year is provided by the fact that the Respiratory deaths registered in the worst months of the period 1901-1930 exceeded those registered in the best months of the same period by about 300%.

Further, during the present century, the Respiratory Mortality of the March Quarter has been five times, the December Quarter more than twice, and the June Quarter less than twice, that of the September Quarter.

Investigation shows that, at all ages, the deaths registered from Respiratory Diseases have declined since 1891-1900 by about 25%.

The fall was least in the March Quarter (15%), and greatest in the June Quarter (36%). The September and December Quarters both declined 30%. On the other hand, the decline recorded under 5 years of age was 68%, which was made up of 59% for the March Quarter, 69% June Quarter, 64% September Quarter, and 81% for the December Quarter. It is difficult to understand the latter figure, but as the decline took place progressively it was quite evidently part of a tendency. These figures help to confirm the definite effect of weather conditions upon Respiratory Diseases.

The other side of the picture is shown when the Respiratory Mortality at all ages over 70 years is examined. In this instance, instead of diminution of numbers, large increases are recorded over the experience of 1891-1900. The increase was highest for the March Quarter, viz., 72%, and smallest 24%, for the September Quarter. The June Quarter shows an increase of 38% and the December Quarter 64%. These variations are strictly in accordance with expectation.

I restate the fundamental difference between the figures for ages under 5 and those for all ages over 70. In the case of the young people the decrease is real, but in the case of the older the increase is due very largely, if not entirely, to changes in death certification, especially at the expense of Senility. I repeat that there is no evidence either of an increase in the real incidence of Respiratory Diseases at these high ages, or of greater fatality.

The incidence of Respiratory Diseases is influenced definitely by the presence or absence of Influenza and possibly of Measles and Whooping Cough.

Influenza is a disease affecting all ages, but fatal chiefly amongst elderly and debilitated people. Its effects are shown not only by the deaths certified as actually due to the disease, but also by an invariable increase in the number of deaths ascribed to Bronchitis and Pneumonia, whenever it is epidemic. Thus, in January, 1892, when Influenza was present, there was an enormous increase in the number of deaths referred to Bronchitis and Pneumonia, which was undoubtedly due to Influenza, though the term was not used on the Death Certificates. The same thing occurred in November, 1918, and on numerous other occasions since the apparent recrudescence of Influenza in 1890. In all these cases the excess Respiratory mortality fell on the expected ages.

It has been alleged frequently that during epidemics of Measles and Whooping Cough, there is excess Respiratory mortality owing to the prevalence of these diseases and their known causal relationship to Bronchitis and Pneumonia. If this is so, then it should be shown by a rise in the Bronchitis and Pneumonia deaths under 5 years of age whenever these diseases are prevalent.

The matter has been investigated locally, partly from knowledge of the distribution of the cases of these diseases, and partly by ordinary statistical methods, and the conclusion arrived at is that, at least in modern times, the number of cases not identified either with Measles or

Whooping Cough in their true causal relationship is so small as to be negligible.

It has been possible, owing to the active interest and collaboration of Mr. F. L. Bland, to compare the local Respiratory Mortalities in Ipswich with his detailed Meteorological Records at Copdock.

I desire to acknowledge the importance of these Records and their very high value in assisting in the elucidation of this complex relationship. For the matter is not nearly as simple as it looks.

So far it would appear that the factors of wind and rainfall can be ruled out.

On the other hand, high Respiratory Mortality is invariably associated with low temperature and short hours of sunshine

Barometric pressure exhibits no demonstrable effect and the influence of fog cannot be established, possibly because our atmosphere is not smoky.

Lastly, a word on housing conditions.

Pneumonia has been described as a filth disease. Certainly it occurs with greater frequency and in its worst forms amongst those sections of the community whose housing conditions are the poorest.

Want of pure air, deprivation of sunshine, overcrowding of houses and people on area and in the house, are conditions entirely favourable to the occurrence of Pneumonia and other diseases of the Lungs and to the encouragement of the worst types of these diseases.

The connection between slums and Respiratory Diseases is not sufficiently recognised, but of course all the associated factors of slum life help in the production of the result.

MONTHLY DEATHS AND DEATH-RATES FROM DISEASES OF THE RESPIRATORY SYSTEM, 1932.

Month	No. of Deaths.	Death rates per 1,000 living.
January	26	3.46
February	38	5.42
March	22	2.93
April	16	2.20
May	5	66
June	5	.69
July	8	1 06
August	6	.80
September	3	.41
October	7	.93
November	6	.82
December	13	1.73
Year ...	155	1 76

This Table shows in the clearest possible manner the close relationship between Respiratory mortality and the season of the year. The highest mortality was recorded for February as compared with March in the previous year, and the lowest in September (the usual month) as compared with June in 1931.

DEATHS FROM DISEASES OF THE HEART.

194 deaths (100 males, 94 females) were referred to Diseases of the Heart in 1932, as compared with 199 in the previous year.

The death-rate from Heart Diseases alone was thus equal to 2.20 per 1,000 living, the highest rate yet recorded with the exception of 1931.

The increase in the number of deaths referred to Diseases of the Heart of recent years has attracted a good deal of attention in certain quarters, and has actually led to the assertion that there is in fact a real increase in the incidence of Heart Disease.

In my opinion the supporters of this view have entirely misinterpreted the position. They have failed to grasp the fact that it is but one more illustration of the influence of changing views on the part of the Medical Profession, upon whose certificates the whole statistical structure rests. Such changes are inevitable and merely serve to mark the gradual evolution of more accurate methods of death certification in accordance with the unceasing progress of medical knowledge.

There is no evidence worthy of the name that Heart Diseases are to-day more prevalent or more fatal than they were in the closing years of the 19th century.

It is found that there is no striking increase in the numbers of deaths from Heart Diseases under 50 years of age, whereas at ages of 60 and over there is a very great increase indeed.

Diseases of the Heart are found to be referred to three main groups, viz., Diseases of the Valves of the Heart, Degenerations of the Heart Muscle itself, and an ill-defined group in which death is referred simply to Heart Disease. I leave out of consideration Pericarditis, Acute Endocarditis and Angina Pectoris.

I give a Table in which is shown in quinquennial periods the number of deaths referred to the three groups of Heart Diseases under consideration, together with the corresponding death-rates :—

Period	No. of Deaths.	Death Rates.
1901–1905	357	1.04
1906–1910	400	1.11
1911–1915	496	1.30
1916–1920	474	1.22
1921–1925	459	1.12
1926–1930	618	1.44

From this it appears that the death-rate from Heart Disease rose sharply during the war period and then declined to the pre-war level in 1921-1925. Then it rose very sharply in the period 1926-1930.

At the present moment the death-rates from the same three groups is much higher (2.10 in 1931 and 1.97 in 1932) than in the last quinquennium.

We find that the deaths referred to Valvular Diseases of the Heart rose from 69 in 1901-1905 to 280 in 1926-1930, those ascribed to Myocardial Degenerations from 20 in 1901-1905 to 265 in 1926-1930, whereas the deaths credited to undefined Heart Diseases declined from 268 in 1901-1905 to 73 in 1926-1930.

There has been, therefore, a great change within the group itself due simply to the transfer of deaths from undefined Heart Disease to more definite groupings. This is very largely responsible for the increase in the group of Myocardial Degenerations in particular. This is not quite the whole truth, because it is complicated by the fact that the more recent advances in the knowledge of Heart Diseases have brought about an increasing recognition of the importance of Heart Degenerations amongst elderly people. The result of this has been to bring about, in an ever increasing degree, the disuse of the terms Senility or Senile Decay in death certificates, and to substitute for them Myocardial Degeneration, with Senility as a secondary matter. There is, therefore, at the present time a considerable transfer of deaths from the Senility group to the Heart group, which is responsible for a large part of the apparent increase in the Heart Diseases during the last few years. There is no reason to believe that this evolutionary process will swing back.

The increasing importance of Heart Degenerations has been accompanied naturally by an increasing recognition of the influence of degenerations of the arteries in the production of ill-health and as a direct cause of death.

In this case also practically the entire weight falls upon people over 50 years of age.

Recognition of Arterial Diseases as prime factors in the production of death is of recent origin. Thus in the period 1901-1910 there were only 9 deaths referred to Arterio Sclerosis, less than one per annum, whereas in 1921-1930 the number rose to 177, of which 125 were registered in the quinquennium 1926-1930.

There is no suggestion contained in these figures that the increase is real. The only real thing about it is that the Medical Profession has at last begun to realise the profound importance of these Arterial Degenerations and is gradually placing them in their true position in relation to the production of conditions leading to death. Thus, in the case of Apoplexy or Cerebral Hæmorrhage the real disease is the Arterial Degeneration that has preceded, maybe by many years, the rupture of the blood vessel in the brain. This is the reason why the Cerebral Hæmorrhage group will tend to diminish and the Arterio Sclerosis group increase in correspondence. But the real position will remain unaltered.

DEATHS FROM CEREBRAL HÆMORRHAGE, EMBOLISM AND THROMBOSIS.

Periods	Deaths from		Group.	
	Cerebral Hæmorrhage.	Cerebral Embolism and Thrombosis.	No. of Deaths.	Death-Rates.
1921—1930	548	114	662	79
1921—1925	260	44	304	.74
1926—1930	288	70	358	83
1931	68	11	79	.90
1932	43	10	53	.59

Thus, in 1932 there was a notable decline in the number of deaths in this group.

The explanation is to be found in the section of this Report dealing with Arterio Sclerosis.

ARTERIO SCLEROSIS.

In the year 1932 60 deaths were classified to Arterio Sclerosis, by far the highest number recorded for any year in our series. Of these 30 were associated with Cerebral Hæmorrhage, and 12 with other Cerebral Vascular lesions. Thus, in reality, these deaths were simply transfers from a false to a true classification.

The question of increase is not contained in the figures. I give the usual Table :—

Periods.	Arterio Sclerosis.				Total.	
	With a Cerebral Lesion		Without a Cerebral Lesion			
	Numbers.	Rates.	Numbers.	Rates.	Numbers.	Rates.
1921—1930	96	.11	76	09	172	.20
1921—1925	22	05	29	07	51	12
1926—1930	74	17	47	11	121	28
1931	15	.17	5	05	20	22
1932	42	47	18	20	60	67

VIOLENCE.

The death-rates from Violence (including Suicides) are set forth in the Table :—

Periods.	Death-rates per 1,000 living.		
	Males.	Females.	Persons.
1841—1850	.89	.25	.55
1851—1860	.88	.38	.61
1861—1870	.89	.26	.56
1871—1880	.77	.20	.47
1881—1890	.75	.23	.47
1891—1900	.78	.29	.52
1901—1910	.73	29	.50
1911—1920	.74	.36	.54
1921—1930	.62	.29	.45
1921—1925	.59	.27	.42
1926—1930	66	.32	.48
1931	.77	.23	.49
1932	86	.27	.55

49 deaths (36 males and 13 females) were ascribed to Violence in 1932, as compared with 43 in 1931 and an annual average of 41 for the period 1926-1930.

14 of the deaths (11 males and 3 females) were due to Suicide, which has been much more prevalent of recent years.

There were no deaths from Burns, which is now a comparatively rare form of accident.

There was 1 death from Suffocation in bed. This also, at least locally, is not nearly so frequent as it was.

There was a considerable decline in the deaths due to Vehicular Violence, as compared with the previous year (12 as compared with 18).

Motor vehicles were responsible for 7 deaths, as compared with 16 in the previous year. Of these 3 were due to Motor Cars, 1 Motor Lorry, and 3 Motor Cycles.

Of the remaining 5 Vehicular deaths, 2 were due to Trolley Buses, making 10 in all since the inauguration of the service in 1923, 1 to the Trailer of a Steam Wagon, 1 Cyclist (pedal), and 1 on the Railway.

PUERPERAL MORTALITY.

5 deaths were associated with Pregnancy and Childbirth in 1932, the equivalent of a death-rate of 3.66 per 1,000 births.

2 of the deaths were due to non-septic complications of Abortion, 1 to Post Partum Hæmorrhage, 1 to the Nephritis of Pregnancy, and 1 to Paralytic Ileus following upon Cæsarean Section for obstructed labour.

There were no deaths from Puerperal Sepsis.

The death-rates are shown per 1,000 births.

Periods.	Puerperal Fever.	Puerperal Hæmorrhage.	Puerperal Convulsions	All other Conditions.	Total all causes.	
					No.	Rates.
1841—1850	1.81	.42	.53	1.71	42	4.47
1851—1860	1.00	.17	1.00	1.60	45	3.77
1861—1870	.90	.45	.52	1.51	45	3.38
1871—1880	1.53	.57	.25	1.72	64	4.09
1881—1890	2.16	.52	.41	1.41	77	4.50
1891—1900	1.57	50	.22	1.92	75	4.21
1901—1910	63	1.07	.63	1.44	70	3.72
1911—1920	1.39	60	.97	1.33	71	4.29
1921—1930	2.20	.53	.66	.66	61	4.06
1921	1.74	—	—	1.74	6	3.46
1922	.63	—	1.89	.63	5	3.15
1923	1.29	—	—	.64	3	1.93
1924	1.39	—	.69	.69	4	2.79
1925	2.81	.70	—	—	5	3.52
1926	1.94	65	1.94	1.30	9	5.84
1927	2.11	1.41	.71	.71	7	4.94
1928	4.91	2.81	.70	—	12	8.42
1929	2.08	—	69	—	4	2.77
1930	3.40	—	—	68	6	4.08
1931	1.45	—	—	.73	3	2.18
1932	—	73	.73	2.20	5	3.66

The absence of fatal Puerperal Sepsis is worthy of note, as it is a rare event for a year to pass without one or more deaths from this condition.

The Table shows the notification and deaths from Puerperal Sepsis since notification came into force.

Periods.	No. of Cases Notified.	No. of Deaths.	Case Mortality per cent.
1891—1900	39	28	71.8
1901—1910	26	12	46.1
1911—1920	54	23	42.6
1921—1930	135	33	24.4
1931	18	2	11.1
1932	9	—	—

I have pointed out in previous Reports the misleading nature of this Table. It may be taken as indicating the approximate number of deaths due to Puerperal Sepsis, but the notification figures are grossly misleading.

The tendency at the present moment is to notify, rather than conceal, because ample facilities exist, at any rate locally, for the Hospitalisation of cases.

INFANT MORTALITY.

The Table gives the number of Infant deaths and the Infant Mortality rates recorded in Ipswich since 1841 :—

DECENNIAL AND QUINQUENNIAL INFANT DEATHS.

Period.	No. of Deaths.			Infant Death Rates.						Female Infant Deaths per 1,000 Males.
	Males.	Fmls.	Infants	Males.		Females.		Infants.		
				Ips.	E.&W.	Ips.	E.&W.	Ips.	E.&W.	Ipswich.
1841—1850	913	743	1,656	190	167	161	137	176	153	843
1851—1860	1,122	931	2,053	184	168	159	139	172	154	864
1861—1870	1,141	982	2,123	167	168	151	139	159	154	904
1871—1880	1,369	1,024	2,393	171	163	134	134	152	149	783
1881—1890	1,327	1,004	2,331	153	155	118	128	136	142	771
1891—1900	1,582	1,181	2,763	174	168	135	138	155	153	776
1901—1910	1,322	1,044	2,366	138	140	113	114	126	128	819
1911—1920	889	615	1,504	105	112	76	89	91	100	724
1921—1930	496	343	839	65	81	46	63	56	72	707
1841—1845	361	296	657	176	162	143	133	160	148	803
1846—1850	552	447	999	201	172	175	142	188	157	870
1851—1855	550	453	1,003	188	172	158	141	173	156	840
1856—1860	572	478	1,050	180	166	160	137	171	152	888
1861—1865	567	492	1,059	171	166	156	136	164	151	912
1866—1870	574	490	1,064	164	170	146	142	155	157	890
1871—1875	647	487	1,134	169	167	133	138	152	153	787
1876—1880	722	537	1,259	172	159	135	130	154	145	785
1881—1885	647	496	1,143	152	152	117	125	134	139	770
1886—1890	680	508	1,188	155	159	119	131	138	145	768
1891—1895	763	559	1,322	171	165	128	135	150	151	748
1896—1900	819	622	1,441	177	170	141	141	160	156	800
1901—1905	763	605	1,368	155	151	128	124	142	138	826
1906—1910	559	439	998	119	129	97	105	109	117	815
1911—1915	525	365	890	115	121	85	97	101	110	739
1916—1920	364	250	614	92	101	65	79	78	90	706
1921—1925	274	197	471	71	86	50	66	61	76	704
1926—1930	222	146	368	58	77	41	59	50	68	707
1911	99	82	181	107	142	96	117	102	130	—
1912	120	75	195	135	106	87	84	112	95	—
1913	109	65	174	119	120	74	96	96	108	—
1914	101	87	188	108	116	100	93	104	105	—
1915	96	56	152	117	123	70	96	94	110	—
1916	78	57	135	90	102	71	80	81	91	—
1917	71	48	119	107	108	73	85	90	96	—
1918	66	49	115	94	108	71	86	83	97	—
1919	59	41	100	89	100	58	78	70	89	—
1920	90	55	145	89	90	55	69	72	80	—
1921	70	58	128	83	93	65	72	74	83	—
1922	38	47	85	49	87	58	66	54	77	—
1923	52	27	79	66	78	35	60	51	69	—
1924	49	26	75	67	85	37	65	52	75	—
1925	65	39	104	93	84	54	66	73	75	—
1926	46	24	70	59	79	31	61	45	70	—
1927	51	41	92	69	79	59	60	65	70	—
1928	46	23	69	59	74	35	56	48	65	—
1929	44	32	76	60	83	44	65	52	74	—
1930	35	26	61	45	68	37	51	41	60	—
1931	46	36	82	65	—	53	—	59	—	815
1932	22	40	62	32	—	57	—	45	65	1818

INFANT MORTALITY TABLE, 1932.

1932	DAYS.														WEEKS.								MONTHS.																								—1 YEAR		
	1		2		3		4		5		6		7		1		2		3		4		1		2		3		4		5		6		7		8		9		10		11		12				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	I
Measles																																											1				1	—	1
Pertussis																													1																		1	—	1
Diarrhœa ...																																														1	—	1	1
Influenza... ..																																								1		1					—	2	2
Cerebral Tumour																														1										1							—	2	2
Syphilis																																				1											—	1	1
O. D. Venereal ...																				1				1																							—	1	1
Disease of Thymus																											1																				1	—	1
Disease of Adrenals														1		1								1																							—	1	1
Bronchitis ...																									1	1							1				1	1									3	2	5
Lobular Pneumo.																			1	1			1	1		2										1				1				2			1	7	8
Lobar Pneumonia																																							1	1							1	1	2
Pulmonary Congestion																										1																					—	1	1
O. D. Stomach ...																											1																				1	—	1
O. D. Skin ...																																				1											—	1	1
Congenital Malf.		1			1		1								2	1				2	1	2	3	5		2	1																				4	7	11
Atrophy and Marasmus						1		1								2		1						3		1																					—	4	4
Prematurity ...	2	1					1	1		1					3	3	1	1	1			1	5	5	1																						6	5	11
Injury at Birth ...	1	1													1	1							1	1																							1	1	2
O.D. Early Infancy	1	1						1							1	2							1	2																							1	2	3
Violence					1										1								1					1																			1	1	2
	4	4	—	—	2	1	2	3	—	1	—	—	—	1	8	10	1	2	2	4	1	3	12	19	2	7	3	1	1	1	—	—	1	—	—	3	1	1	1	4	—	1	1	2	—	1	22	40	62
	8		—		3		5		1		—		1		18		3		6		4		31		9		4		2		—		1		3		2		5		1		3		1				

A

From this it appears that the number of Infant deaths in 1932 was the lowest recorded in the whole series, with the single exception of 1930, which showed one less.

The male Infant Mortality rate was by far the lowest ever recorded, but the female rate was above the averages of the last two quinquennia, and was altogether exceptional in that it exceeded the male rate. This is a rare occurrence, and, in fact, has only happened six times in 92 years.

The mortality rate for 1932 has been bettered once (1930) and equalled once (1926). Apart from these the rate compares very favourably with any of the other recorded rates.

I give the usual Table showing the age distribution and the causes of the Infant deaths in 1932 :—

See Table facing this page.

The principal causes of death in 1932 were exactly the same as usual nowadays, viz., in the first place, the Atrophy, Prematurity group, and in the second place, Bronchitis and Pneumonia.

There were only three deaths referred to the group of Zymotic diseases, and only two to Tuberculosis.

The age distribution of the deaths under 1 year shows no essential variation from the average experience. The first day of life showed the greatest number of deaths, the first week was more fatal than all the others, and one-half of all the deaths under 1 year occurred during the first month of life.

The next Table in this series compares the causes of infant deaths according to certain groups since the quinquennium 1891-1895 :—

Causes of Death.	1891—1895.	1896—1900.	1901—1905.	1906—1910.	1911—1915.	1916—1920.	1921—1925.	1926—1930.	1930.	1931.	1932
7 Principal Zymotics ...	33.5	52.3	26.2	20.9	19.7	8.6	8.0	5.7	5.45	5 83	2.20
Other Infectious Diseases...	4.4	2.4	1.7	4.2	4.2	3.6	2.4	1.5	—	2.18	1.46
Tuberculosis	3.8	3.8	3.0	3.3	2.3	2.9	.8	.8	.68	.72	1.46
Other General Diseases ...	.8	.2	.5	.6	.6	.5	.5	.5	2.04	.72	2 93
Diseases of Nervous System	12.3	10.6	10.2	7.8	5.8	4.9	3.5	1.5	2.04	2 18	—
,, ,, Circulatory ,,	.1	—	.1	—	.1	.1	—	.1	—	—	—
,, ,, Respiratory ,,	26.1	24.1	22.2	16.0	18.4	15.3	11.5	8.7	4.76	12.40	11.7
,, ,, Digestive ,,	1.1	1.3	.2	1 7	2.2	2.3	1.2	.9	.68	—	.7
,, ,, Genito Urinary System	1	.2	.3	.3	1	.2	—	.1	—	—	—
,, ,, Skin & Cellular Tissue	.8	1.4	1.3	.4	.7	.2	.4	.1	—	—	.7
Congenital Malformations	2.8	1.7	2 6	3.1	4.7	4.0	4.6	5.4	4.76	6.56	8.0
Prematurity, Atrophy, etc.	61.5	56.8	68.6	46.8	40.3	33.0	26.1	23.4	21.11	27.71	14.6
Violence	1.5	2.9	3.0	2.1	1.9	2.7	1 9	8	—	1.45	1.4
All Others	1.5	2.1	.7	1.2	.6	.3	—	.4	—	—	—
TOTAL ...	150	160	142	109	101	78	61	50	41	59	45

From this it appears that the highest group death-rate, viz., that from Atrophy, Prematurity, etc., compared more than favourably with any previous group experience. Thus, this principal group shows a decline of about 75% as compared with the closing years of the last century. As this is the group chiefly responsible for the mortality of the first week and month of life, it explains the extremely low fatality of those periods during 1932.

The Respiratory mortality rate was a little lower than in the previous year, but above the average of the period 1921-1930. This particular rate is at the moment less than one-half of that prevailing at the end of the last century.

The death-rate ascribed to congenital defects continues to increase. This does not mean that there is an actual increase in the amount of congenital defect, but that the existence of those conditions is receiving more and more recognition.

Lastly, I draw attention to the group of diseases referred to the Nervous System. This has almost disappeared, the chief reason being the abandonment of the practice of certifying infant deaths as due to convulsions.

The following comparative Table shows the age distribution of the Infant death-rates under 1 year since 1891-1895 :—

AGE DISTRIBUTION OF THE INFANT DEATH-RATES UNDER 1 YEAR.

Quinquennia.	—1 Week			1 Month			—3 Months.			3 6 Months.			6 9 Months			9 12 Months.			—1 Year		
	M.	F.	I	M.	F	I.	M.	F.	I.	M.	F.	I.	M.	F.	I.	M.	F	I.	M.	F.	I.
1891—1895	29.47	21.06	25.17	50.00	35.72	42.92	88.43	61,07	74.92	35.32	27.19	30.51	26.32	20.28	23.33	21.60	20.28	20,95	171	128	150
1896—1900	25.80	20.04	23.00	44.88	35.08	40.11	80.66	66,74	73.88	40.33	30.06	35.33	30.57	28.47	29.50	26.01	16.40	21,44	177	141	160
1901—1905	30.20	27.54	28.90	54.49	45.56	50.11	85,31	70.56	78.09	30.20	22.03	26.20	23.06	17.37	20.27	17.14	18.22	17.67	155	128	142
1906—1910	30.72	17.58	24.29	47.57	32.27	40.08	73.39	52.08	62.96	17,28	17.36	17.32	16.64	14.46	15.57	11.94	13.80	12.85	119	97	109
1911—1915	30.12	22.00	26.16	45.52	33,48	39.74	69.40	48.00	58.95	16.29	13.81	15.08	18.07	12.17	15.19	13.39	11.47	12.45	117	85	101
1916—1920	21.49	17.48	19.52	36.41	28.97	32.74	54.36	43.33	48.96	14.66	8.09	11.43	11.88	8.09	10.01	11.12	5.74	8.47	92	65	78
1921—1925	25.33	17.25	21.26	35.24	25.75	30.47	52.22	34,00	43.05	7,05	5.92	6.48	6.01	5.40	5.70	6.26	5.40	5.83	71	50	61
1926—1930	23.58	13.66	18.80	34.18	21.06	26.90	41.08	27.61	34.58	7,42	4.54	6.03	5,30	4.54	4.94	5.03	4.83	4.94	58	41	50
1926	24.45	6.55	15.58	33.46	18.34	26.00	43.75	24.90	34.41	5.14	2.62	3.89	6.43	2.62	4.54	3.86	1.31	2.60	59	31	45
1927	28.80	18.92	24.01	38.41	27.65	33.19	45.26	33.48	39.54	10.97	8,73	9.88	4.11	10.19	7.06	9.60	7.27	8.47	69	59	65
1928	14.32	12.19	13.34	22.13	21,34	21.77	36.45	24.39	30.90	7.81	3.04	5.61	10.41	3.04	7.02	5.21	4.57	4.91	59	35	48
1929	24.82	19.63	22.25	35.86	23.84	29.90	42.76	33.66	38.24	9.65	4.20	6.95	4.13	4.20	4.17	4.13	2.80	3.47	60	44	52
1930	25.84	11.52	19.07	32.30	14.41	23.84	37.46	21.61	29.97	3.87	4.32	4.08	1.29	2.88	2.04	2.58	8.64	5.43	45	37	41
1931	25.64	14.94	20.42	38.46	25.41	32.09	51.28	31.38	41.57	7.12	8.96	8.02	2,84	10.46	6.56	4.27	3.00	3,64	65	53	59
1932	11.92	14.45	13.20	17.88	27.45	22.74	25.33	39.01	32.28	2.98	1.44	2.20	2.98	11.56	7.33	1.49	5.78	3.66	32	57	45

This shows that in 1932 the death-rate under 1 week was the lowest on record, owing to the extremely low male death-rate.

Under 1 month the male death-rate was far below previous experience and caused the Infant rate for the age period to fall to the lowest point, but one, yet recorded.

The rate for the whole period under three months was very low for males, but high, as compared with recent experience, for females.

From 3-6 months the rates for both sexes were the lowest recorded.

In previous Reports since 1928, I have given a Table showing the total Ante-Natal (Stillbirth) death-rates, together with the Post-Natal rates. These two together form the total mortality of infants in terms of potential lives.

In round figures the effect is to double the Infant death-rate.

Year	Death-rates of Infants								
	Males			Females			Infants		
	Ante-Natal	Post Natal	Total	Ante-Natal	Post Natal	Total	Ante-Natal	Post Natal	Total
1928	48	59	106	34	35	68	41	48	89
1929	53	60	112	39	44	83	46	52	98
1930	52	45	96	36	37	73	45	41	85
1931	37	65	101	33	53	86	35	59	94
1932	42	32	74	22	57	79	32	45	76

STILLBIRTHS.

46 Stillbirths were registered in 1932, as compared with 50 in the previous year.

The facts with regard to Stillbirths are set forth in the following Table :—

Year	Males		Females		Infants	
	No.	%	No.	%	No.	%
1927	18	4.5	9	2.6	27	3.6
1928	38	4.8	23	3.4	61	4.1
1929	40	5.3	29	3.9	69	4.6
1930	42	5.2	26	3.6	68	4.5
1931	27	3.7	23	3.3	50	3.5
TOTALS	165	4.77	110	3.51	275	4.17
1932	30	4.27	16	2.26	46	3.26

The tendency to excess stillbirth liability in the case of males is well marked. It is doubtless related to the definite fact that the male Infant mortality rate exceeds the female so constantly, although 1932 was an exception in this respect. It was the kind of exception that proves the rule conclusively.

It has been shown already that multiple births are associated with a far higher proportion of stillbirths than single births.

INFECTIOUS DISEASES.

The following Table gives the numbers and rates of notifications received since 1921 :—

Diseases Notified	1921—1925.		1926—1930.		1931.		1932.	
	Nos.	Rate.	Nos.	Rate.	Nos.	Rate.	Nos.	Rate.
Chicken Pox ...	2182	5.37	3596	8.43	570	6.49	651	7 38
Diphtheria ...	736	1.81	472	1.10	348	3.96	178	2 02
Scarlet Fever ...	581	1.43	983	2.29	495	5.63	346	3.92
Pneumonia ...	543	1.33	484	1.13	47	.53	81	92
Erysipelas ...	120	.29	140	.32	29	.33	35	39
Puerperal Fever ...	60	14	73	17	18	.20	9	.12
Puerperal Pyrexia	—	—	33	.07	10	.11	4	04
Ophthalmia Neonatorum ...	53	.13	52	.12	9	.10	13	14
Enteric Fever ...	34	08	37	08	3	.03	5	.05
Malaria	19	.04	3	.006	1	.01	—	—
Dysentery ...	2	004	—	—	—	—	—	—
Encephalitis Lethargica ...	8	02	13	03	3	.03	2	02
Anterior Poliomyelitis	8	.02	8	.018	—	—	1	01
Cerebro-Spinal Fever	7	01	10	02	2	.02	—	—
Acute Polio Encephalitis ...	1	002	1	.002	—	—	—	—
Small Pox ...	—	—	1	002	—		—	
TOTAL ...	4354	10 74	5906	13 85	1535	17.48	1325	15 04

Chicken Pox, as usual, furnished the greatest number of notifications.

There was a gratifying decline in Scarlet Fever and Diphtheria.

The notifications of Puerperal Fever declined considerably.

It is quite obvious that the notification of Pneumonia is not carried out as it should be. There is no real information as to the prevalence of the disease under existing circumstances.

SMALLPOX

No cases of Smallpox were notified in 1932.

SCARLET FEVER.

346 cases of Scarlet Fever were notified in 1932, as compared with 495 in 1931. There was, therefore, a substantial decline in the prevalence of the disease, but it should be noted that the number of cases in 1932 was surpassed on only five occasions since the commencement of notification in 1891, viz., 1893, 1894, 1914, 1915 and 1931.

As a general rule the cases were mild in type. There was only one fatal case, the equivalent of a case fatality per cent. of 0.3, which may be considered extremely low.

Table showing the number of cases of Scarlet Fever notified, the attack rates, the number and proportions of the cases removed to Hospital and the case fatalities per cent. in terms of decennia and quinquennia since 1891 :—

Periods.	Notifications.		Removals.		Case Fatality per cent.
	Numbers.	Attack Rates per 1,000 living.	Numbers.	Proportion per cent.	
1891—1900	2,654	4.29	993	37	1.9
1901—1910	1,126	1.60	880	78	1.3
1911—1920	2,683	3.51	2,070	77	1.6
1921—1930	1,562	1.87	1,423	91	.5
1891—1895	1,792	6.01	620	35	2.1
1896—1900	862	2.69	373	43	1.7
1901—1905	692	2.02	517	74	.8
1906—1910	434	1.20	363	83	2.1
1911—1915	2,065	5.45	1,513	73	1.8
1916—1920	618	1.59	557	90	.9
1921—1925	581	1.43	533	91	1.0
1926—1930	981	2.29	890	90	.3
1931	495	5.64	461	93	.6
1932	346	3.92	324	93	.3

DIPHTHERIA.

Table showing the number of cases of Diphtheria notified, the attack rates, the numbers and proportions of the cases removed to Hospital, and the case fatality per cent. in terms of decennia and quinquennia since 1891 :—

Periods	Notifications.		Removals.		Deaths.
	Numbers.	Attack Rates per 1,000 living.	Numbers	Proportion per cent.	Case Fatality per cent
1891—1900	536	.88	33	6	29.3
1901—1910	791	1.12	461	58	12.9
1911—1920	1,779	2.33	1,618	90	7.1
1921—1930	1,208	1.45	1,167	96	4.3
1891—1895	273	.91	12	4	37.7
1896—1900	263	.82	21	8	20.5
1901—1905	428	1.22	185	43	13.5
1906—1910	363	1.01	276	76	12.1
1911—1915	628	1.66	532	84	9.4
1916—1920	1,151	2.97	1,086	94	5.9
1921—1925	736	1.81	708	96	3.4
1926—1930	472	1.10	459	97	5.7
1931	348	3.97	336	96	6.9
1932	178	2.02	176	99	6.7

178 cases of Diphtheria were notified in 1932, as compared with 348 in 1931, a substantial decline of nearly 50%. Nevertheless the number of cases in 1932 takes a high place among the notifications recorded since 1891, being surpassed only by the years 1919, 1920, 1921, 1929 and 1931.

The greater number of notifications occurred in the first half of the year.

The type in the latter part of the year was on the whole milder, but there are still cases of great severity of exactly the same type as has been described since 1928.

The case fatality per cent. was slightly lower than in 1931, but was above the averages of the last three quinquennia.

ENTERIC FEVER.

Table showing the number of cases of Enteric Fever notified, the attack rates, the number and proportions of the cases removed to Hospital, and the case fatality per cent. in terms of decennia and quinquennia since 1891 :—

Periods.	Notifications.		Removals.		Case Fatality per cent.
	Numbers.	Attack Rates per 1,000 living.	Numbers.	Proportion per cent.	
1891—1900	938	1.51	376	40	12.8
1901—1910	485	.69	388	80	16.1
1911—1920	77	.10	62	80	7.7
1921—1930	71	.08	58	81	7.0
1891—1895	383	1.28	130	34	14.3
1896—1900	555	1.73	246	44	11.7
1901—1905	380	1.11	297	78	17.1
1906—1910	105	.29	91	86	12.4
1911—1915	56	.14	46	82	5.3
1916—1920	21	.05	16	76	14.3
1921—1925	34	.08	28	82	8.8
1926—1930	37	.08	30	81	5.4
1931	3	.03	3	100	—
1932	5	.05	5	100	20.0

5 cases, all Paratyphoid B, were notified in 1932, as compared with 3 in 1931. Of these one proved fatal.

The low prevalence of recent years therefore continued.

None of the cases were related in any way.

VARIATIONS IN INFECTIONS.

In previous Reports in this series the Infections have been discussed from various angles, their prevalence exhibited in so far as death-rates and notification-rates are concerned, and their variations in type examined over a period of 90 years.

It has been shown on clinical and statistical grounds that type variation appears to be the only explanation that seems to fit the case.

In further elucidation of type variation, it is appropriate to examine the precise meaning of certain observed and proved data and endeavour to correlate them with the known facts.

In the first place, it is necessary to consider the relationship between the attacking organism and the response of the cells of the organisation attacked.

The infections, it is quite immaterial which, are due to invasion of the tissues of the individual by certain low forms of life. These, in addition, produce poisonous substances which pass into the blood stream and are thereby brought into immediate and intimate contact with the whole of the cells of the body. The body cells are injured by the poisons produced by the germs and in self-protection are induced to produce protective substances whose function it is to seize upon atoms of poison, render them harmless and thereby protect the body cells from further attack.

Success in this relation on the part of the body cells produces recovery of the individual, whose cells have now acquired a new transmissible quality which enables them, throughout the rest of life, to produce the necessary antibodies in sufficient quantity to prevent the development of the particular disease whenever the person is attacked subsequently by the particular germ. Thus, an attack of Diphtheria or Smallpox or Scarlet Fever, etc., is practically synonymous with subsequent life immunity to the particular disease.

One of the most constant features of the different infections is variation. This is commonly recognised by the use of terms, such as mild, severe, moderate, and so on, as the case may be, which express the fact that different individuals react to the same infection in different ways and thus produce the varying symptoms and severities of the same disease. This is usually ascribed to differences in the resisting power of the individual, or in other words, variation in the immunizing response exhibited by the living cells of the person attacked. It should be noted that the difference is one of degree but not of kind.

Thus, we come up against the cell factor in the case, because, so far as the individual is concerned, it is upon the quality and quantity of the cell response that the issue depends. An adequate cell response means recovery of the individual with subsequent immunity as an acquired quality consequential upon the attack. On the other hand, insufficient response means failure to recover.

I emphasise the importance of the extreme sensitiveness of the cells of the body to the stimuli induced by the germs responsible for disease and their poisons. The most minute variations in the quality of the germ poisons elicit from the cells responses in the form of antibodies which are in precise correspondence with the exact qualities of the poison which is responsible for their production. In other words, the cell immunity response is absolutely specific to the exact germ concerned in the case. This brings us to the consideration of the germs themselves.

When the germ theory of disease was established and proved by the identification of the germs responsible for such infections as Tuberculosis, Diphtheria, Anthrax, Tetanus, Cerebro Spinal Fever, Typhoid, Pneumonia, etc., etc., observers were satisfied with the fact of discovery, and it was not until much later that it was discovered that germs belonging to the same races were not always absolutely identical.

Thus it has been found, for example, that there are varieties of the germ of Typhoid Fever, and so we recognise nowadays True Typhoid Fever and Paratyphoids A, B and C, and no doubt others will be discovered in due course.

At least four varieties of the Meningococcus, the germ responsible for Cerebro Spinal Fever, are known.

The Pneumococcus, at one time an entity, is now known to include a large group of germs with common characteristics, but capable of differentiation from one another by the demonstration of minute differences.

The Streptococcus, credited with the causation of Scarlet Fever, probably correctly, because the disease exhibits all the features of a streptococcal disease, is already classified in 5 groups, 4 of which have definite identifying qualities and one which includes all the rest.

These examples will suffice to indicate that diseases, once considered to be absolutely identical in clinical history and causation, may, in reality, consist of closely related clinical entities entitling them to classification under one heading, but nevertheless differing, due to organisms apparently identical in structure and general appearance, but differing in their qualities and thus becoming capable of giving rise to differences in the precise nature of the response of the cells of the body to their attack, bearing in mind that the cell response is exactly responsive to the exact quality of the germ attack.

Thus we arrive, by a perfectly logical process, in correspondence with the known facts of the case, both clinical and bacteriological, at the position that the infections, as we know them, consist of groups of clinical entities, which are due to groups of Infecting Agents, which induce in infected persons exactly specific groups of responses.

Thus we come by simple logical deduction from the known facts to an explanation of the apparently confusing results of serum treatment. In this relation no Practitioner experienced in the proper methods of serum administration in the case of, say, Diphtheria, would have any hesitation in subscribing to the immense benefits conferred by Diphtheria Antitoxin in this disease, but very few acute observers would be prepared to agree that in every case the results had in every respect fulfilled expectations. There always have been cases in which the results of Antitoxin treatment have been astonishing in their success, and other apparently exactly the same, in which the results have not been so good. It will be understood that in all cases there is benefit, unless the case is too far gone either from delay in commencing treatment or from initial severity.

It was pointed out in these Reports as long ago as 1928 that the local type of Diphtheria had changed, and subsequent experience has proved the truth of this position. With this change in type came a diminution in the high degree of Antitoxin efficiency previously experienced. It was found necessary, in order to achieve the same results, to increase the dosage considerably. In my opinion, the diminution in Antitoxin efficiency was due to the fact that the Antitoxin, whilst possessing the qualities inherent in the Group, did not possess that specific relationship to the exact type of organism responsible for the cases of Diphtheria, which is essential to the attainment of the best results from serum treatment. This brings us to the position that the maximum benefits from serum treatment accrue only when the serum is obtained from animals immunised against the exact organism responsible for the clinical condition of the patient in whose case the serum is used. This great truth applies not only in the case of Diphtheria, but also in Pneumonia, Septicæmias, Cerebro Spinal Fever, etc.

If this theory of epidemics is true, it follows that in every epidemic area there will be present at one and the same time more than one type of infecting organism for each epidemic disease.

Therefore, if the patient is to receive the most effective serum treatment, arrangements should exist for the rapid detection of the exact type of germ from which the patient is suffering, so that the exact specific serum may be administered. In many cases of mild infection this may not be essential, as an ordinary polyvalent serum will in the majority of cases be adequate, especially if given early in the disease. But in severe cases the best chance and sometimes the only chance will be the exact serum. Means should exist for the determination of the exact types of organisms associated with any epidemic in the district, so that supplies of appropriate types of sera may be available whenever required.

It must be confessed that we are still some way from the attainment of those ideals, but there is in my mind no doubt that those are the lines along which the serum treatment of the future will develop. In the meantime the recognition of these facts will help to pave the way to the realisation of the dream of the complete scientific equipment of the attack on disease from the treatment point of view.

TUBERCULOSIS.

NOTIFICATIONS OF TUBERCULOSIS SINCE 1909.

Table A.

Number of cases notified.

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average	35	19	54	—	—	—	35	19	54
1911	75	57	132	—	—	—	75	57	132
1912	178	152	330	—	—	—	178	152	330
1913	112	88	200	58	52	110	170	140	310
1914	98	58	156	18	23	41	116	81	197
1915	60	56	116	18	20	38	78	76	154
1916	91	77	168	19	17	36	110	94	204
1917	77	78	155	18	12	30	95	90	185
1918	81	97	178	16	18	34	97	115	212
1919	82	82	164	26	39	65	108	121	229
1920	70	67	137	39	36	75	109	103	212
Average	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
1921	173	131	304	41	35	76	214	166	380
1922	90	65	155	23	21	44	113	86	199
1923	72	61	133	38	36	74	110	97	207
1924	72	69	141	24	28	52	96	97	193
1925	72	74	146	34	32	66	106	106	212
1926	55	68	123	41	35	76	96	103	199
1927	68	59	127	26	27	53	94	86	180
1928	72	69	141	20	24	44	92	93	185
1929	63	69	132	25	32	57	88	101	189
1930	62	54	116	19	26	45	81	80	161
Average	79.9	71.9	151.8	29.1	29.6	58.7	109.0	101.5	210.5
1931	69	63	132	24	23	47	93	86	179
1932	70	75	145	19	28	47	89	103	192

The number of cases of Pulmonary Tuberculosis notified in 1932 was therefore above the average of the period 1926-1930, but below that of the decennium 1921-1930.

The Male notifications of the Pulmonary form were about the average, but there was a notable increase in the Female, which were, in fact, more numerous than in any years since 1922.

The notifications of Non-Pulmonary Tuberculosis were below the average of the decennium 1921-1930, but quite near the average of the 5 years 1927-1931. In this case also the Female notifications exceeded the Male.

NOTIFICATION RATES.

Table giving the rates for 1932, 1931, and previous two decennia :—

Periods.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1911—1920	2.55	2.01	2.27	.58	.54	56	3.13	2.55	2.83
1921—1930	2.03	1.63	1.82	.74	.67	70	2.77	2.30	2.52
1931	1.66	1.36	1.50	.58	.49	.53	2.24	1.85	2.03
1932	1.68	1.61	1.64	.45	.60	.53	2.13	2.21	2.17

The notification rates for 1932 show that the Male rate exceeds the Female by a small fraction in the case of Pulmonary Tuberculosis, whereas the Non-Pulmonary Female rate considerably exceeds the Male. The combined result is to produce the unusual feature of a Female Tuberculosis Notification rate in excess of the Male.

AGE AND SEX DISTRIBUTION OF THE NOTIFICATIONS OF TUBERCULOSIS, 1932.

Age	Pulmonary.			All other forms.			Total 1932.			Total 1931.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	Persons.
—1	—	—	—	—	4	4	—	4	4	—
1—5	3	—	3	2	5	7	5	5	10	18
5—10	13	10	23	10	3	13	23	13	36	20
10—15	5	6	11	4	7	11	9	13	22	17
15—20	7	6	13	—	3	3	7	9	16	14
20—25	1	19	20	—	—	—	1	19	20	24
25—35	19	14	33	—	1	1	19	15	34	26
35—45	7	11	18	1	3	4	8	14	22	29
45—55	8	6	14	1		1	9	6	15	22
55—65	7	2	9	—	—	—	7	2	9	5
65+	—	1	1	1	2	3	1	3	4	4
Total ...	70	75	145	19	28	47	89	103	192	179

There are two variations from the average experience shown in this Table.

The first of these is the number of notifications of Pulmonary Tuberculosis at the 5-10 age period, and the other is the excessive number of Female notifications of Pulmonary Tuberculosis at the 20-25 age period. The probable explanation is that both variations represent merely those fluctuations that are inherent in the statistics of limited communities.

PRINCIPAL SITES OF TUBERCULOSIS.

The following Table shows the number of cases of the different varieties of Tuberculosis, notified since 1921 :—

Situation of Disease.	Average 1921—1925	Average 1926—1930	1928	1929	1930	1931	1932
Pulmonary ...	175.6	127.8	141	132	116	132	145
Abdominal ...	7.6	8.6	11	4	9	4	3
Cerebral ...	5.2	6.0	10	8	5	11	4
General ...	0.6	0.2	1	1	1	—	—
Bones and Joints	19.6	13.4	5	15	6	5	9
Glands ...	17.2	20.4	10	23	19	24	26
All other forms of T.B.	12.4	6.0	7	6	5	3	5
TOTAL ...	238.2	182.4	185	189	161	179	192

As usual the Pulmonary variety accounts for over 70% of the total notifications of Tuberculosis.

The decline in the number of cases of Abdominal and Cerebral Tuberculosis is notable, particularly the Abdominal variety.

There is also a very definite and maintained decline in the number of notifications of Tuberculosis of Bones and Joints. This has been a striking feature of these statistics since 1921.

TUBERCULOSIS SURVIVAL TABLE CORRECTED TO DECEMBER 31st, 1932.

The number of persons notified as suffering from the various forms of Tuberculosis and known to have survived on December 31st, 1932, are shown as follows :—

Sex.		Pulmonary.	Non-Pulmonary.	All Forms.
Males		660	305	965
Females		613	303	916
Persons		1273	608	1881
Persons	1931	1225	576	1801
	1930	1194	566	1760
	1929	1179	529	1708
	1928	1145	506	1651
	1927	1092	527	1619
	1926	1095	484	1579
	1925	1054	436	1490
	1924	1058	415	1473

There is nothing new in this Table.

TUBERCULOSIS DISPENSARY.

The number of cases on the Dispensary Register (as distinct from the Notification Register) at December 31st, 1932, was 709.

This figure includes only those cases presenting themselves at the Dispensary during the last two years.

294 X-Ray examinations were carried out during 1932.

The Tuberculosis Officer paid 29 visits to the homes of patients, and, in addition, furnished Practitioners with 219 written reports upon patients sent to him for examination.

Year	No. of Patients attending Dispensary.	No. of Visits paid by Patients	No. of Visits to Homes by Nurse.
Average			
1921—1925	569	3000	2622
1926—1930	587	2331	3171
1926	547	2823	3176
1927	587	2771	3194
1928	599	2289	3578
1929	605	1916	3079
1930	600	1858	2827
1931	581	2156	3495
1932	646	2734	3128

INSTITUTIONAL TREATMENT OF TUBERCULOSIS.

During the year 154 patients were admitted to Institutions for the treatment of Tuberculosis, 117 were discharged, and 12 died.

With regard to the cases discharged from Institutions, the following summary of the results of treatment is furnished by the Medical Superintendents :—

Condition at time of discharge.	No. of cases			
	Pulmonary.	Other Forms of Tuberculosis	Others.	Total.
Quiescent	44	8		52
Not Quiescent	31	14	—	45
Observation only			20	20
TOTAL	75	22	20	117

These figures chronicle a further decline in the number of cases admitted for institutional treatment, due entirely to the closure of the Tuberculosis Wards at the Isolation Hospital, on account of epidemic conditions. These Wards are now in use for cases of Tuberculosis, Pulmonary and Surgical.

IPSWICH SANATORIUM.

The Tables shew results of the treatment of 264 cases, 260 definitely tuberculous and 4 Observation Cases in which Tuberculosis was not established. In the first Table all cases are shewn, including Ipswich cases. In the second Table Ipswich cases are shewn separately.

The classifications are in accordance with the Ministry of Health memorandum 37 T (Revised). The Medical Superintendent begs again to point out that in the " Not Quiescent " class there is no differentiation between cases which have improved under treatment and cases which shew no improvement or are worse. Many of the cases shewn as " Not Quiescent " are sufficiently improved to be able to resume their employment.

TABLE I. ALL CASES.

Classification on Admission		Condition at time of Discharge	Duration of Residential Treatment															Grand Totals
			Under 3 Months			3—6 Months			6—12 Months			More than 12 Months			Totals			
			M	F	C	M	F	C	M	F	C	M	F	C	M	F	C	
Pulmonary Tuberculosis	Class T.B. Minus	Quiescent ...	1	4	3	21	14	13	5	6	37	—	1	4	27	25	57	109
		Not Quiescent	1	8	1	1	2	3	—	1	—	—	—	—	2	11	4	17
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. Plus Group 1	Quiescent ...	1	1	—	4	2	—	3	1	—	—	—	—	8	4	—	12
		Not Quiescent	—	1	—	1	—	—	—	—	—	—	—	—	1	1	—	2
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2	Quiescent ...	—	—	—	4	5	—	1	3	—	—	1	—	5	9	—	14
		Not Quiescent	3	3	—	11	6	—	1	4	—	2	—	—	17	13	—	30
		Died in Institution ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
	Class T.B. plus Group 3	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not Quiescent	9	5	2	12	17	—	7	10	1	2	1	—	30	33	3	66
		Died in Institution ...	4	1	—	—	1	—	1	1	—	1	—	—	6	3	—	9

OBSERVATION CASES.

	Diagnosis on Discharge from Observation	Stay under 4 Weeks			Stay over 4 Weeks			Totals		
		M	F	C	M	F	C	M	F	C
For Pulmonary Tuberculosis	Tuberculous ...	2	2	5	—	—	—	2	2	5
	Non-Tuberculous	—	1	—	1	1	—	1	2	—
	Doubtful ...	—	—	1	—	—	—	—	—	1
	Totals ...	2	3	6	1	1	—	3	4	6

TABLE II. IPSWICH CASES.

Classification on Admission.		Condition at time of Discharge.	Duration of Residential Treatment. Under 3 Months. M	F	C	3–6 Months. M	F	C	6–12 Months. M	F	C	More than 12 Months. M	F	C	Totals. M	F	C	Grand Totals.
Pulmonary Tuberculosis.	Class T.B. Minus.	Quiescent ...	1	2	3	8	5	8	3	2	23	—	1	3	12	10	37	59
		Not Quiescent	1	2	—	1	1	3							2	3	3	8
		Died in Institution ...																
	Class T.B. Plus Group 1.	Quiescent ...			—	1									1			1
		Not Quiescent		1	—											1	—	1
		Died in Institution ...																
	Class T.B. Plus Group 2.	Quiescent ...			—		1			2	—	—	1	—	—	4	—	4
		Not Quiescent	1	—	—	3	1	—	—	1	—				4	2	—	6
		Died in Institution ...							1			—	—		1		—	1
	Class T.B. Plus Group 3.	Quiescent ...																
		Not Quiescent	1	2	1	3			1	3		1	—	—	6	5	1	12
		Died in Institution ...	2		—				1			1	—	—	4	—	—	4

OBSERVATION CASES.

For Pulmonary Tuberculosis	Diagnosis on Discharge from Observation	Stay under 4 Weeks. M	F	C	Stay over 4 Weeks. M	F	C	Totals. M	F	C
	Tuberculous ...			3						3
	Non-Tuberculous									
	Doubtful ...			1						1
	Totals ...			4						4

W. F. SUTCLIFFE,
Medical Superintendent.

TREATMENT OF CASES OF SURGICAL TUBERCULOSIS.

A.—East Suffolk and Ipswich Hospital.

The following Table gives the number of Patients treated at the East Suffolk and Ipswich Hospital.

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Deaths.	Remaining.
1925	12	44	56	45	3	8
1926	8	53	61	48	2	11
1927	11	29	40	36	2	2
1928	2	26	28	22	6	—
1929		21	21	19	1	1
1930	1	21	22	20	1	1
1931	1	24	25	18	--	7
1932	7	16	23	19	—	4

This Table emphasises the decline in cases of Non-Pulmonary Tuberculosis already referred to.

B.—Ipswich Isolation Hospital.

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Deaths.	Remaining.
1925	—	10	10	3	—	7
1926	7	6	13	4	1	8
1927	8	30	38	17	1	20
1928	20	20	40	23	3	14
1929	14	35	49	26	4	19
1930	19	32	51	34	2	15
1931*	15	2	17	17	—	—
1932*	-	19	19	—	-	19

*Ward closed from 21st January, 1931, to 14th October, 1932

The cases admitted during the year fell into the following groups :—

Bones and Joints	8
Abdominal	4
Glandular	3
Observation Cases	4

There is a close working arrangement between the Ipswich and East Suffolk Hospital and the Isolation Hospital, whereby patients in need of surgical treatment are dealt with at the East Suffolk Hospital and transferred to the Isolation Hospital for the prolonged convalescent Hospital treatment, which is so necessary in these cases.

DENTAL WORK IN CONNECTION WITH TUBERCULOSIS.

Mr. T. A. Edmondson, the Dental Surgeon, reports as follows:—

Dear Sir,

I beg to report on the dental treatment of Tuberculosis cases for the year ending 31st December, 1932.

	Males.	Females.	Total
Number inspected at Clinic	40	39	79
" having one or more septic teeth ..	27	28	55
" of cases treated	29	32	61
" " Attendances made	94	131	225
" " Permanent teeth extracted ...	98	103	201
" " Local Anæsthetic cases ...	34	29	63
" " Nitrous Oxide administrations	8	9	17
" " Fillings in permanent teeth ...	36	106	142
" " Permanent teeth filled ...	36	95	131
" " Scalings, etc., of permanent teeth	151	209	360
" " Dentures fitted	3	4	7

Of the 79 cases inspected, 41 were candidates for the Ipswich Sanatorium and 2 for the Borough Isolation Hospital.

15 insured persons entitled to Dental benefit were referred to Private Practitioners for treatment.

14 cases were sent from the Sanatorium to the Clinic for urgent treatment.

The greatest care is necessary when operating upon Tubercular subjects, most of these being Pulmonary cases. It is as a rule advisable, when many extractions are necessary, to extract only two or three at one visit, in order to minimise shock and prevent septic infection of the Lung. Also the patient is given at least a week between each visit to recuperate.

The type of case in Tuberculosis work calling for special care in the administration of N2O, rendered it advisable in the opinion of the Committee to equip the Dental Officers with the most up-to-date Gas apparatus, and consequently it was decided to purchase the latest and most perfect equipment available.

(Signed) T. A. Edmondson,
Dental Surgeon.

MATERNITY AND CHILD WELFARE.

MATERNITY WELFARE.

Clinics held under the Maternity and Child Welfare Scheme under the personal supervision of the Assistant Medical Officer (Dr. Doris E. P. Jolly).

Mothers—Wednesday and Friday, 2.30 p.m., Elm Street.

ANTE AND POST-NATAL CLINICS.

The following Table gives the numbers examined and the total examinations by the Medical Officer, Dr. Jolly :—

Year.	Ante-Natal.			Post-Natal			Total Examinations.
	Cases Examined.	Re-examinations.	Total.	Cases Examined.	Re-examinations.	Total.	
1924	27	18	45	—	—	—	45
1925	61	65	126	—	—	10	136
1926	123	81	204	—	—	48	252
1927	206	71	277	52	43	95	372
1928	290	115	405	67	66	133	538
Average	141	70	211	—	—	—	268
1929	311	343	654	79	63	142	796
1930	447	687	1134	92	44	136	1270
1931	476	656	1132	104	44	148	1280
1932	679	1016	1695	63	32	95	1790

ANTE AND POST-NATAL CLINICS.—DEFECTS FOUND

The examinations carried out at the Ante-Natal and Post-Natal Clinics revealed the following defects :—

Defect.	Ante-Natal.			Post-Natal.
	Public Health Dept.	Maternity Home.	Total.	
Albuminuria	22	2	24	—
Anæmia	4	1	5	2
Breast Disorders	1	—	1	8
Contracted Pelvis	4	—	4	—
Debility	1	—	1	4
Dental Caries	193	75	268	16
Disease of Heart	3	1	4	—
Dyspepsia	7	—	7	2
Gynæcological Disorders ...	8	—	8	15
Hæmorrhage	2	—	2	—
Hæmorrhoids	3	1	4	—
Malpresentation	—	—	—	—
Neuralgia			—	
Oedema	6	1	7	—
Ophthalmic Disorders ...	5	—	5	—
Respiratory Diseases ...	7	3	10	—
Skin Disorders	2	1	3	2
Tuberculosis	2		2	1
Varicose Veins	34	19	53	—
All others	23	1	24	3
TOTAL	327	105	432	53

REPORT BY THE MEDICAL OFFICER IN CHARGE OF THE ANTE- AND POST-NATAL CLINICS.

Ante-Natals.

The number of new cases attending in 1932 showed a considerable increase, due largely to the encouragement given by certain of the midwives to their cases to submit to regular ante-natal care. 501 of the 1,394 births in the borough, or just over 60% of the total midwife deliveries, had made one or more attendances at the clinic.

51% of these 501 births occurred within a week of the anticipated date of delivery, 27% occurred more than one week later, and 22% more than one week earlier. Of these last, 11 births were over four weeks early and, therefore, definitely premature.

Twin births occurred in 4 cases or .8%, 3 being diagnosed ante-natally and 1 unsuspected.

Maternal Mortality.

No maternal deaths occurred amongst the cases supervised in 1932, the maternal mortality rate now for the 9 years of ante-natal work being .9 per 1,000.

Maternal Morbidity.

Nineteen cases were referred to their own doctor or the Hospital for treatment for illness or complication of pregnancy. Five were cases of contracted pelvis or disproportion. Labour was induced in four of these cases and Cæsarean section performed on one.

Six were cases of severe albuminuria with increased blood pressure, and in addition there were 18 cases of mild or transient albuminurias which responded to rest and dietetic treatment. The proportion of albuminurias detected annually remains fairly constant at about 4%.

Approximately 50% of the women seen had obvious dental caries, and a considerably increased number followed the advice to accept treatment.

Probably owing to the increased attendances of young mothers with first pregnancies, the incidence of varicose veins fell from 15% in 1931 to 10% in 1932.

Foetal Mortality.

Thirteen or 2.6% of the infants were stillborn, probable contributory factors being in 5 cases breech presentation in a primipara, in 2 cases post-maturity, in 2 cases malformation of child, and 1 case each of prematurity, albuminuria, ante-partum hæmorrhage and no known cause.

In view of the added risk to the child of breech presentation, external version to vertex was attempted in 15 cases seen during the last six weeks of pregnancy. This was successful in 10 cases and failed in 5.

Since prematurity is one of the most frequent causes of neo-natal death, it is interesting to trace the fate of the 11 children known to be premature.

One was stillborn, being seriously malformed. Four have died, 3 under three weeks and 1 at four months. Six are alive and mostly making satisfactory progress, although 2 show evidence of nutritional anæmia, a tendency specially marked in premature infants.

The cause of premature delivery is frequently difficult to detect, since 7 of the 11 cases occurred in apparently healthy primiparæ, but in one of these marked dental caries was present. The 4 other cases occurred in multiparæ, in all of whom, however, some maternal disability could be traced.

POST-NATALS.

A diminution occurred in the post-natal work, it being somewhat crowded out now by the increasing ante-natal attendances. There is little doubt that it would be advisable now to hold a separate session for the examination of mothers from 4 to 6 weeks after their confinements.

IPSWICH MATERNITY HOME.

I append a Table which shows the admissions since the opening of the Home in July, 1918:—

Year.	Cases admitted from			Total No of Days.	Average duration of stay in days.	Per cent. of Total Ipswich Births.
	IPSWICH.	Outside Areas.	Total.			
1919—1920	144	18	162	2,112	13.0	4 2
1921—1925	356	61	417	4,732	11.3	4 7
1926—1930	560	133	693	7,521	10.9	7 8
1926	71	15	86	935	10.8	4.6
1927	87	15	102	1 154	11 3	6 2
1928	114	27	141	1,562	11 1	8 2
1929	136	31	167	1,803	10 8	9 6
1930	152	45	197	2,067	10 5	10.6
1931	169	50	219	2,296	10 5	12 2
1932	200	33	233	2,494	10.7	14.3

70.4 per cent. of the women were confined by the midwives at the Home.

In 42 cases, or 24 per cent., medical assistance was sought, in 11 cases during labour, in 22 after labour, and in 9 for the infant.

One case of Puerperal Fever and one of Puerperal Pyrexia were notified during the year.

There was one maternal death, and 2 infants died under 10 days. Seven infants were stillborn and there was one miscarriage.

The year under review is the first complete year since the additional accommodation was taken into use. The monthly admissions are given below :—

January	... 19	May	... 18	September	... 23
February	15	June	... 14	October	... 19
March	... 18	July	... 19	November	... 21
April	... 19	August	... 25	December	... 23

It was found that during a few of the weeks the accommodation was hardly sufficient to meet the demand, there being more than 15 patients under treatment in the 34th, 40th and 46th weeks.

MIDWIVES ACTS, 1902 AND 1918.

The number of midwives on the Local Roll at the close of 1932 was 16, and of these 7 were connected with the Ipswich Nurses' Home, Lower Brook Street, and 2 with the Ipswich Maternity Home.

The Ipswich cases attended by midwives amounted to 830, a figure which is made up as under :—

At Maternity Home	144
District Cases attended by Midwives from Ipswich Nurses' Home	219
Unattached or Outside Midwives	467

The midwives attended 59% of the Births registered during the year.

The Table shows the number of cases in which the midwives required medical help :—

Year	Notifications received.			Percentage of Births attended by Midwives in which Medical Help was called in.
	On behalf of Mother.	On behalf of Child	Total	
1921-1925	320	164	484	12.5%
1926-1930	372	174	546	12.5%
1926	76	38	114	13.5
1927	64	37	101	13.0%
1928	78	21	99	12.1%
1929	73	39	112	12.2%
1930	81	39	120	12.6%
1931	88	37	125	15.3%
1932	88	46	134	15.7

The causes for which medical help was required are set forth as follows :—

	1932.	1931.	1930.	1929.	1928.	Average 1926—1930.	Average 1921-1925.
MOTHER :-							
Torn Perineum ...	29	30	27	19	20	21	16
Prolonged, Tedious or Difficult Labour ...	16	16	13	6	19	12	11
Faulty Presentations...	9	7	7	7	7	7	7
Impactions	3	4	4	3	3	4	4
Hæmorrhages ...	11	9	6	9	7	6	4
Puerperal Fever ...	—	2	4	6	5	4	2
Other Rise of Temperature	3	3	2	2	2	2	4
Adherent Placenta ...	4	3	—	4	6	3	3
Albuminuria	1	—	3	—	—	1	2
Phlebitis	1	1	1	3	1	2	1
Abortion	1	1	1	1	—	1	1
Contracted Pelvis ...	—	—		—	—	—	1
Eclampsia	—	—	1	3	—	1	1
Prolapse of Cord ...	—	—	1	—	1	1	1
Induction	3	—	—	—	—	—	—
Miscellaneous	7	12	11	10	7	9	6
TOTAL ...	88	88	81	73	78	74	64
CHILD.							
Discharging Eyes ...	16	10	11	8	4	8	10
Debility, Feebleness, etc.	13	9	5	12	6	9	8
Prematurity	4	5	6	4	1	5	6
Malformations ...	7	2	4	4	3	4	2
Convulsions and Fits	1	1	1	—	—	1	2
Suffocation		—	—	—	1	—	1
Hæmorrhages (various)	1	2	4	4		2	—
Miscellaneous	4	8	8	7	6	6	3
TOTAL ...	46	37	39	39	21	35	32

ASSISTANCE SCHEMES IN CONNECTION WITH MATERNITY WELFARE.

The four main sections in the Scheme are: (a) Milk and Milk Foods to expectant and nursing mothers; (b) Provision of Maternity Home Accommodation at reduced fees; (c) Help towards the payment of the fees of Medical Practitioners called in by Midwives under the Midwives Act; (d) Provision of Dental treatment and Dentures.

(a) MILK SUPPLY.

The following Table shows the number of mothers and the quantity of milk supplied during 1932, together with the figures for the two previous years:—

Year.	Mothers.			Pints of Milk.		
	Expectant.	Nursing.	Total.	Expectant	Nursing.	Total.
1930	39	104	143	1,823	10,989	12,812
1931	59	181	240	2,784	21,744	24,528
1932	101	272	373	4,991	26,971	31,962

(b) MATERNITY HOME FEES.

171 women out of a total of 200 were admitted to the Ipswich Maternity Home at reduced fees. This represents 85% of assisted cases in 1932, as compared with 73% in 1931, 59% in 1930, and 57% in 1929. The industrial situation was responsible for the increase.

The full fee is 9/- per day, but women were admitted at varying rates as under:—

8/- ...	3	5/6 ...	11	3/6 ...	3	1/6 ...	1
7/- ...	15	5/- ...	26	3/- ...	16	1/- ...	2
6/6 ...	3	4/6 ...	11	2/6 ...	2	6d. ...	1
6/- ...	26	4/- ...	42	2/- ...	9	Free ...	nil

The same procedure was followed as in previous years, and the charges fixed in accordance with an income scale. There was a large increase in the number admitted at 4/- per day.

(c) DOCTORS' FEES.

The midwives found it necessary to call in medical assistance at 131 confinements. Accounts were received from Medical Practitioners in 110 of these cases.

The amount paid by the Local Authority was £133 10s. 0d., as compared with £97 5s. 0d. in 1931. In 58 or 44% of these cases, the fee has been settled in full, the amount recovered being £63 11s. 6d.

Twenty-five or 18% desired to pay by instalments, and the sum received to date totals £17 15s. 6d.

In 22 cases the fee due has been written off on account of poverty.

To date, therefore, £81 7s. 0d. or 60% of the cost under this heading has been recovered.

(d) Dental Treatment.

DENTAL WORK IN CONNECTION WITH MATERNITY WELFARE.

Mr. T. A. Edmondson, the Dental Surgeon, reports as follows :—

Ante- and Post-Natal.

Dear Sir,

I beg to report on the dental treatment of Maternity Cases for the year ending December 31st, 1932. There are two classes, viz., Ante-Natal and Post-Natal.

The work done is detailed as follows :—

	Ante-Natal.	Post-Natal.	Total.
Number of mouths examined	170	57	227
,, having one or more septic teeth ...	152	43	195
,, advised to have treatment ...	167	57	224
,, actually treated at Clinic	103	56	159
,, of attendances made	342	215	557
,, ,, teeth extracted	516	304	820
,, ,, Nitrous Oxide administrations ...	121	60	181
,, ,, amalgam fillings	31	9	40
,, ,, amalgam and cement fillings ...	40	7	47
,, ,, cement fillings	10	1	11
,, ,, fillings (total)	81	17	98
,, ,, teeth filled	72	15	87
,, ,, sundry dressings	503	76	579

It will be noticed that of the Ante-Natal cases advised treatment 68.8% actually accepted treatment, a gratifying increase of 21.8% over the previous year, whilst 98.2% Post-Natals were treated. Eleven of the Post-Natal cases were treated as Ante-Natal cases in a previous year.

Dentures were supplied in 30 cases, 20 Ante-Natal and 10 Post-Natal.

In the case of people who are unable to pay the full amount for the provision of dentures the Public Health Committee is prepared to pay an agreed proportion.

(Signed) T. A. Edmondson,
Dental Surgeon.

CHILD WELFARE.

The following is a Summary of the Home Visits since 1921 :—

HOME VISITS BY HEALTH VISITORS.

Year	Expectant Mothers.	Children.		
		1	1–5	Total.
Average				
1921–1925	14	2,090	1,910	4,000
1926–1930	35	1,596	3,012	4,608
1926	18	1,643	2,149	3,792
1927	6	1,477	2,094	3,571
1928	20	1,621	4,432	6,053
1929	55	1,590	3,384	4,974
1930	75	1,647	3,004	4,651
1931	61	2,965	5,992	8,957
1932	69	3,721	6,326	10,047

Thus, the number of Home Visits has been doubled within the last two years.

In addition the Health Visitors paid visits under the following headings :—

To Midwives	54
,, Cases in which Midwives had summoned Medical assistance	59
,, Cases notified as suffering from Puerperal Fever or Ophthalmia Neonatorum, etc.	26
,, Stillbirths	67
,, Miscellaneous Visits	1,952

933 visits were paid by members of the staff to homes in connection with fees relating to Medical assistance and the Maternity Home.

WORK OF THE INFANT CLINIC.

Under the supervision of the Health Visitors—Every Week-day afternoon except Saturday, 2.30 p.m., Elm Street.

The following is a summary of the visits paid to the Infant Welfare Centres since 1921 :—

Year	Infants 1	Children 1–5.	Total.
Average			
1921–1925	7,502	3,013	10,515
1926–1930	8,711	3,833	12,544
1926	7,428	3,083	10,511
1927	7,076	3,206	10,282
1928	9,144	4,079	13,223
1929	10,063	4,454	14,515
1930	9,846	4,345	14,191
1931	11,684	5,871	17,555
1932	10,996	5,902	16,898

(The Branch Clinic figures are included.)

The following Table shows the number of visits paid to the Nacton Clinic :—

BRANCH CLINIC (Nacton Estate).

Year.	Infants—1.	Children 1–5	Total.
1929	1,243	481	1,724
1930	1,916	596	2,512
1931	2,660	1,263	3,923
1932	2,615	1,615	4,230

I call special attention to the very heavy calls upon this Clinic.

EXAMINATION OF INFANTS BY MEDICAL OFFICER.

Under the Personal Supervision of the Assistant Medical Officer (Dr. Doris E. P. Jolly).

Infants—Monday and Thursday, 2.30 p.m., Elm Street.
,, Tuesday, 2.30 p.m., Red Triangle Hut, Nacton Estate.

The infants examined by the Medical Officer during 1932 are classified in the following Table according to age groups :—

Age.	No. of Infants Examined.	No. of Re-Examinations.	Total 1932.	1931	Average 1926 – 1930.
—1	872	2,333	3,205	3,688	1,645
—2	280	577	857	952	445
—3	162	300	462	506	217
—4	131	136	267	367	161
—5	117	115	232	230	117
Total	1,562	3,461	5,023	5,743	2,585

REPORT BY THE MEDICAL OFFICER IN CHARGE OF THE INFANT WELFARE CENTRE.

There was a slight decrease in the total attendances at the Welfare Centres in 1932, with a corresponding increase in Home Visits. As the poorer families are gradually being moved from the crowded central neighbourhoods to the healthier outlying districts it becomes more difficult for them to bring their children to a central clinic for inspection. For this reason regular home visiting by the Health Visitors becomes relatively more important since in this way a record of the progress of these children is obtained and the importance of obtaining further advice impressed upon the mothers of unfit or defective children.

In 1932 the steady increase in the toddler group attendances, to which efforts have been directed in the last few years, were maintained. This should tend in time to lower the defect rate of the infant school entrants.

In view of the high mortality of the present type of diphtheria it seems regrettable that so few parents are willing to avail themselves of the facilities offered for the immunisation of their children. In 1932, 39 children only were immunised, of whom 8 were under five years of age; whilst the disease caused the death of 11 children during the year and the illness, frequently severe, of 178.

ARTIFICIAL LIGHT CLINIC.

Artificial Light Clinic—Monday, Tuesday, Thursday and Friday,
2.30 p.m., Elm Street.

The figures in the appended Table show the number of children who attended :—

Age.	No of Children Treated.	Number of Re-Visits	Total 1932.	1931.	1930.	*1929.
— 1	37	404	441	345	299	76
— 2	43	558	601	393	389	125
3	18	241	259	199	163	107
— 4	11	113	124	194	192	184
— 5	13	228	241	226	132	140
Total	122	1,544	1,666	1,357	1,175	632
School Children	138	2,664	2,802	3,086	2,509	1,438
Grand Total ...	260	4,208	4,468	4,443	3,684	2,070

* Six months only

The following Table shows the defects of the children referred to the Sunlight Clinic :—

Defect.	— 5 years.	+ 5 years.	Total.
Subnormal Nutrition ...	34	13	47
Pretubercular Debility ...	—		
Enlarged Glands (Neck) ...	6	10	16
Rachitic & Prerachitic ...	17		17
Tuberculous Affections :			
Cervical Glands ...	3	4	7
Abdominal ...			
Bones & Joints ...		3	3
Lupus			
Convalescence following Infectious Diseases ...	4		4
Catarrhal and Bronchial Infections	2	6	8
Anaemia, Debility and Marasmus	19	32	51
Unclassified	7	4	11
TOTAL ALL FORMS ...	92	72	164

The Sunlight Clinic continues to do useful work, although dramatic results are rare, but the majority of the children undoubtedly derive sufficient benefit to be noticeable to the parents since they are frequently brought up again with a request for a further course of this treatment.

OPHTHALMIA NEONATORUM.

13 cases were notified in 1932, as compared with 9 in the previous year.

6 cases were treated at home by medical practitioners, with the nursing assistance of the nurses belonging to the Public Health Department and the Ipswich Nurses' Home.

Of the cases removed to Hospital, 1 was admittted to the East Suffolk and Ipswich Hospital, 3 to the Isolation Hospital, and 3 to the Municipal Hospital.

The following Table gives the result of treatment :—

Recovery without impairment of vision ...		9
Marked impairment of both eyes		1
Died :—		
Debility from birth, Prematurity ...	1	
Gonococcal Arthritis, Ophthalmia Neonatorum, Debility from birth	1	
		2
Removed from District and lost sight of ...		1
		13

INFANT LIFE PROTECTION (CHILDREN'S ACT, 1908).

At the beginning of 1932 there were 63 Foster-Mothers and 75 children on the Register, whilst at the end of the year there remained 56 Foster-Mothers and 63 children.

The Health Visitors paid 243 visits to children under 5 years of age and 83 to children between 5 and 7 years. These figures are substantially higher than those of 1931.

In one case it was found necessary to reduce the number of children taken by one foster-mother.

In another case overcrowded conditions were found in the house, appropriate action was taken, but the family left the district.

In a third case a foster-mother was cautioned as to giving notices.

The second year's working under the new arrangements proved smooth and satisfactory.

The Children and Young Persons Act, 1932, considerably alters the position, but as the provisions of this Enactment did not come into force until January 1st, 1933, it has no effect upon the figures for 1932 given above.

ASSISTANCE SCHEMES IN CONNECTION WITH CHILD WELFARE.

The main sections of the schemes are :—(a) Milk and Milk Foods for Infants; (b) Provision of Dental Treatment.

(a) Milk and Milk Foods.

The following Table shows the number of Infants and the quantity of Milk or Milk Foods supplied during 1932, together with the figures for the two previous years :—

Year.	Infants.	Cows Milk. Pints.	Dried Milk. Lbs.		Dried Milk. Pints.	Total Pints of Milk.
1930	65	829	760	or	4,140	4,969
1931	88	635	989	or	5,687	6,322
1932	106	760	1,022	or	5,876	6,636

(b) Dental Treatment.

DENTAL WORK IN CONNECTION WITH INFANT WELFARE.

Mr. Edmondson reports as follows :—

	Males.	Females.	Total.
Number of cases inspected at Clinic ...	177	166	343
,, having septic conditions of the mouth	153	144	297
Actual number of cases treated at Clinic ...	164	151	315
Number of attendances	238	202	440
,, ,, temporary teeth extracted ...	444	325	769
,, ,, Local Anæsthetic cases ...	24	14	38
,, ,, Nitrous Oxide administrations	173	141	314
,, ,, fillings	22	22	44
,, ,, sundry dressings	17	3	20
,, to whom advice was given, treatment not being necessary ...	8	12	20

The ages of the children treated ranged from 1 year 8 months to 5 years, as follows: 1 year, 5; 2 years, 24; 3 years, 85, 4 years, 201.

(Signed) T. A. Edmondson,
Dental Surgeon.

IPSWICH ISOLATION HOSPITAL.

The appended Table shows the total numbers admitted to, and treated at, the Hospital since 1901 :—

Year.	Admissions.	Total Treated.
Annual Average 1901—1910	176	202
,, 1911—1920	574	634
,, 1921—1930	490	561
,, 1921—1925	423	484
,, 1926—1930	557	639
1931	1,068	1,200
1932	783	944

The admissions to the Isolation Hospital in 1932 declined considerably from the record of the previous year, but were higher than any other year in the series with the exception of 1920.

The Tuberculosis Blocks, which had been closed to Tuberculosis on account of the prevalence of epidemic diseases, were re-opened to Tuberculosis during the year, the Pulmonary Block on the 11th May, and the Surgical Block on the 14th October.

Patients were admitted to the Hospital from the under-mentioned Authorities :—

Authority.	Infectious Diseases.	Tuberculosis.	Total.
Ipswich	590	48	638
County Councils			
East Suffolk	—	6	6
Urban District Councils—			
Felixstowe	24		24
Hadleigh	6	—	6
Halesworth	1	—	1
Leiston	9	—	9
Woodbridge	5	—	5
Rural District Councils—			
Blything	4	—	4
Bosmere & Claydon ...	18	—	18
Cosford	8	—	8
East Stow	1	—	1
Hoxne	10	—	10
Mildenhall	1	—	1
Plomesgate	5	—	5
Samford	16	—	16
Thedwastre	1	—	1
Woodbridge	27	—	27
Other Authorities—			
Royal Air Force, Felixstowe	1		1
Private O.B. Cases ...	2	—	2
TOTAL	729	54	783

ISOLATION HOSPITAL.

ACCOMMODATION.

Table giving the number of admissions and Patient Days for Ipswich and Outside Borough Patients (Infectious Diseases only):—

Year.	Admissions				Patient Days.				Average Weekly number under treatment.
	Ipswich.	"Outside" Patients.	Total.	% of Outside Patients.	Ipswich.	"Outside" Patients.	Total.	% of Outside days.	
1929	528	123	651	18.9	18,609	4,448	23,057	19.3	74
1930	535	124	659	18.8	19,002	4,931	23,933	20.6	77
1931	902	145	1047	13.8	36,308	5,617	41,925	13.4	135
1932	590	139	729	19.0	26,644	6,113	32,757	18.7	103

The interest of this Table lies in the position that about one patient in five under treatment for Infectious Disease comes from some district outside the Borough.

On a basis of one bed per 144 square feet of floor area, the standard adopted by the Ministry of Health, there is accommodation in the Isolation Hospital for 76 beds for Infectious Disease and 50 for Tuberculosis.

It is accepted as a safe working principle that one bed per 1,000 of the population is required for Infectious Diseases alone. Thus, 88 beds are required for Ipswich cases, from which it appears that there is an actual shortage of 8 beds for this class of case, without reference to the cases admitted from the outside. Therefore the Hospital is working on a very close margin.

At the present moment, owing to the decline in Scarlet Fever and Diphtheria, the accommodation is not taxed, and thus outside cases can be dealt with to the advantage of the Hospital, the patients, and the Auhorities concerned.

In the event, however, of simultaneous demands from the town and the surrounding districts, it is obvious that the clause in all the agreements with other Authorities empowering the Ipswich Authority to refuse to take in cases from outside, would require to come into operation, with results that would be to the advantage neither of Ipswich nor of the Authorities concerned.

In these days of rapid movement and interchange of populations, a town such as Ipswich becomes peculiarly vulnerable to the importation of infections from outside, with particular reference to the naso-pharyngeal group, which includes Diphtheria, Scarlet Fever, Cerebro Spinal Fever, etc.

Reference has already been made to the fact that recent epidemics could only be dealt with by commandeering the 50 Tuberculosis beds and discharging the Tuberculous patients, a policy which can only be justified by the direst necessity, especially as the Pulmonary cases are those whose personal need is the greatest and who in addition require some modified form of isolation in the interests of the Public Health.

The step of emptying the Tuberculosis Wards has been forced on the Authority on two occasions since the Tuberculosis scheme began.

This matter is one well worthy of the very serious consideration of the Authority.

The following Table gives the usual details as to admissions, etc. :—

Disease		Average 1921—1925	Average 1926—1930	1931	1932
INFECTIOUS DISEASES.	No. in Hospital Jan. 1st	41	47	89	161
	Admissions ...	357	475	1,047	729
	Total Treated ...	398	522	1,136	890
	No. discharged ...	349	444	938	912
	,, of deaths ...	16	21	37	21
	,, Remaining Dec. 31st	33	57	161	57
TUBERCULOSIS.	No. in Hospital Jan. 1st	18	21	28	—
	Admissions ...	66	57	19	35
	Total Treated ...	84	78	47	35
	No. Discharged ...	46	28	36	8
	,, of Deaths ...	18	28	11	8
	,, Remaining Dec. 31st	20	22	—	19
SURGICAL TUBERCULOSIS.	No. in Hospital Jan. 1st	—	14	15	—
	Admissions ...	—	25	2	19
	Total Treated ...	—	39	17	19
	No. Discharged ...	—	21	17	—
	,, of Deaths ...	—	3	—	—
	,, Remaining Dec. 31st	—	15	—	19
TOTAL.	No. in Hospital Jan. 1st	59	82	132	161
	Admissions ...	423	557	1,068	783
	Total Treated ...	482	639	1,200	944
	No. Discharged ...	395	493	991	820
	,, of Deaths ...	34	52	48	29
	,, Remaining Dec. 31st	53	94	161	95

Table showing the principal Diseases admitted to the Isolation Hospital, together with the fatalities attached to each :—

Diseases	No. of Cases Admitted			Deaths			Case Fatality per cent.
	Ipswich	Other Districts	Total	**Ipswich**	Other Districts	Total	
Scarlet Fever ...	**320**	61	381	**1**	1	2	0.52
Diphtheria ...	**148**	47	195	**7**	4	11	5.64
Other Throat, etc. Diseases + Contacts and Carriers ...	**33**	8	41	—	-		—
Tonsillitis ...	**20**	9	29	-		—	—
Pneumonia ...	**13**		13	**4**		4	30.8
Measles	**4**	4	8	**1**		1	12.5
Enteric Group ...	**5**	2	7	**1**	---	1	14.3
Puerperal Fever ...	**4**		4	-		-	—
Do. Pyrexia ...	**1**		1	—	—	—	—
Cerebro Spinal Fever	**2**	2	4	—	1	1	25.0
Erysipelas ...	**3**	1	4				
Ophthalmia Neon....	**3**		3				
Pertussis	**1**	1	2	—			
Chicken Pox ...	**1**		1				
Mumps	-	1	1	-			
Miscellaneous Group	**16**	2	18	—			
Nils, Queries, etc. ...	**16**	1	17				
TOTAL ... (Infectious Group)	**590**	139	729	**14**	6	20	2.74
Tuberculosis							
Pulmonary ...	**32**	3	35	**8**	2	10	28.6
Other Forms ...	**16**	3	19	-	—		
GRAND TOTAL ...	**638**	145	783	**22**	8	30	3.8

It will be noted in this Table, as always, that the Diphtheria case mortality per cent. amongst the Ipswich cases is much lower than that of the county cases, 4.7% in the case of Ipswich as compared with 8.5 in the case of the county cases.

I desire to record with very great personal regret the resignation of Miss Edlington, who was connected with the Hospital as a member of the Nursing and Administrative Staff for over 25 years. Her devoted services as Nurse in, and Matron of, the Institution earned for her the complete confidence of the Public Health Committee and the colleagues with whom she worked.

SMALLPOX HOSPITAL.

This Hospital was not opened in 1932.

It has been maintained in a condition of readiness for opening at an hour's notice.

HEATHFIELDS MUNICIPAL HOSPITAL.

On the 1st January, 1932, there were 244 patients in the Hospital (108 males and 136 females).

During the year ended 31st December, 1932, 869 cases were admitted (485 males and 384 females), as compared with 530 cases (277 males and 253 females) for the previous year.

The total number treated during the year was thus 1,113 persons (593 males and 520 females).

Of these 706 persons (407 males and 299 females) were discharged from the Institution and 187 died (76 males and 111 females), the corresponding figures for last year being 337 persons discharged and 147 persons died.

The total number of persons remaining in the Institution on 31st December, 1932, was 220 (110 males and 110 females), and, in addition, there were 30 males temporarily transferred from Heathfields.

The duration of stay of the 893 persons who were either discharged from, or who died in, the Institution was as follows :—

(a) Four weeks or less	576
(b) Exceeding four weeks but under 13 weeks ...	182
(c) Exceeding 13 weeks	135

The types of cases admitted are indicated briefly in the following rough classification of some of the principal diseases or groups of diseases dealt with :—

Types of Cases.	Nos. Admitted 1931	Nos. Admitted 1932
Dementia	44	32
Senile Dementia	13	4
Epilepsy	7	23
Other diseases of nervous system ...	48	54
Heart diseases	43	54
Senile decay	31	41
Diseases of skin	44	42
Bronchitis	25	42
Cancer	19	45
Tuberculosis	42	32
Maternity	14	19
Violence	17	38

The age distribution of the admissions was as follows :—

Age Periods.	No. Admitted. 1931	No. Admitted. 1932
Under 1 year ...	38	45
1 – 25 years ...	60	102
25 – 45 ,, ...	107	209
45 – 65 ,, ...	127	258
65 – 85 ,, ...	181	237
Over 85 ,, ...	17	18
Total ...	530	869

This summary indicates sufficiently clearly the types of cases making use of the Municipal Hospital.

AMBULANCE SERVICES.

The appended Table indicates the journeys and mileage run during 1932, as compared with the previous year, and the average of the three years 1928-1930 :—

SERVICE.		Average 1928—1930 (inclusive).	1931	1932
AMBULANCE.				
Ipswich ...	Journeys Miles ...	471 2157	761 3145	535 2297
Out of Borough ...	Journeys Miles ...	87 2791	128 3300	111 2734
Total ...	Journeys Miles ...	558 4948	889 6445	646 5031
BEDDING VANS.				
Collection of Bedding	Journeys Miles ...	223 1577	279 2034	264 1734
Return of Bedding	Journeys Miles ...	110 935	121 1176	111 906
Collection of Meat	Journeys Miles ...	88 666	122 632	85 391
Port Work Pin Mill	Journeys Miles ...	7 140	5 99	1 20
Small Pox Hospital	Journeys Miles ...	14 78	2 11	— —
Other Journeys	Journeys Miles ...	85 1060	125 1268	113 1149
Total ...	Journeys Miles ...	527 4456	654 5220	574 4200

The decreases as shown in 1932 are due entirely to the smaller number of admissions to the Isolation Hospital.

The Motor Ambulance and Bedding Van were brought into use on January 1st, 1928, and have thus completed five years of useful service.

The total journeys and mileage run are given below :—

	Journeys.	Miles.
Ambulance ...	3,211	26,322
Bedding Van ...	2,810	22,753
	6,021	49,075

The cost of the service is shewn in the appended Table, from which it will be seen that, after deducting credit for journeys run for "Outside" authorities, the charge to the rates is approximately £306 per annum.

Year	Petrol and Oil.	Repairs and Renewals.	Clothing of Driver.	Miscellaneous Items, Cleaning Materials, etc.	Tax on Van.	Insurance on Both Vehicles.	Wages and Insurance of Driver.	Loan Charges.	Total.	Total Credits.	Nett Costs.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1928	42 10 2	9 14 9	16 16 4	12 4 7	26 0 0	15 0 0	180 0 0	122 0 0	424 5 10		424 5 10
1929	55 15 5	28 8 1	18 12 3	2 13 11	20 0 0	15 0 0	180 0 0	122 0 0	442 9 8	244 15 9	197 13 11
1930	55 1 11	37 2 6	10 0 11	10 14 9	20 0 0	15 0 0	180 0 0	122 0 0	450 0 1	167 10 9	272 9 4
1931	49 7 4	43 1 8	4 5 11	19 6	20 0 0	15 0 0	180 0 0	122 0 0	434 14 5	135 18 9	298 15 8
1932	46 9 0	59 0 10	16 2 9	23 16 5	20 0 0	15 0 0	180 0 0	122 0 0	482 9 0	144 18 0	337 11 0
Average	49 16 9	35 9 6	13 3 8	10 1 10	21 4 0	15 0 0	180 0 0	122 0 0	446 15 9	138 12 9	306 3 0

If we look back to the five years 1923-1927, during which the Authority had an arrangement with a local firm to horse the Ambulance and Bedding Vans, it will be found that the average cost was £242 per annum.

However, to obtain a fair basis for comparison, it is necessary to look at the number of admissions to the Ipswich Isolation Hospital, and the following Table is of interest :—

Period.	Method of Transport.	Average cost per annum.	Average No. of Patients admitted to Hospital.	Cost per Patient.
		£		s. d
1923—1927	Horse	242	363	13 4
1928—1932	Motor	306	776	7 10

The figures given above indicate quite clearly the economical nature of the present service, without taking into consideration the time which is saved and the dangers of delay in the removal of urgent cases.

LABORATORY.

The work carried out in the Laboratory of this Department since 1921 is as follows :

Year.	SWABS from Cases of Diphtheria or Suspected Diphtheria.			SPUTA from Actual or Suspected Cases of Tuberculosis.		
	Examined.	Positive.	Per cent. Positive.	Examined	Positive.	Per cent. Positive.
Average 1921-25	1,260	240	19%	218	52	24%
1926-30	1,560	239	15%	236	68	29%
1926	516	89	17%	173	42	24%
1927	465	52	11%	187	58	31%
1928	1,537	247	16%	228	65	28%
1929	2,200	372	17%	339	79	23%
1930	3,081	437	14%	252	95	37%
1931	5,023	793	16%	232	52	22%
1932	4,847	679	14%	234	62	26%

The number of Diphtheria swabs dealt with in the Laboratory was not quite so great as in 1931, but at 2/6 per swab represents work to the value of £605 17s. 6d.

1,450 Urines were examined in connection with the Ante-Natal Clinic, with the following results :—

Albumen, trace	28
Albumen, cloud	6
Sugar	11
Pus	nil

This compares with 843 in 1931 and 884 in 1930.

Examinations carried out at other Laboratories on behalf of the Local Authority during 1932 were as follows:—

Widals (Typhoid and Para. A. and B.) ...	13
Urines	5
Fæces	5
Virulence Test K.L.B.	32
Bacterial Count Milk	8
Blood Film (Malaria)	1

In addition, under the V.D. Scheme, the following specimens were examined at the East Suffolk County Laboratory:—

	East Suffolk Hospital Clinic.	Private Practitioners.
For Gonococci	—	17
For Wasserman Reaction ...	89	144
Cultural Test for Gonoccoccus	60	1
Cerebro Spinal Fluid for ,,	—	8

The total cost of this service was £125 6s. 2d.

HEALTH EDUCATION.

The propaganda work in connection with Health Education was again curtailed in 1932 by the absence of the usual "Health Week."

The Public Health Committee, however, continued the distribution throughout the year of the monthly journal, "Better Health."

5,000 copies of this booklet are printed each month, and a copy is delivered free to any householder in Ipswich who cares to apply for a copy.

In addition each school and Library receives receives copies for free distribution.

VACCINATION.

In my Annual Report of last year it was indicated that the Vaccination Scheme in Ipswich was in the transitional stage, and efforts to place it on a permanent basis have now been successful.

Dr. H. W. Farebrother was appointed Public Vaccinator for the whole of the Borough on January 9th, 1932, and held office throughout the year.

It was decided to appoint two Vaccination Officers, and as the Registrars of Births and Deaths (already officers in the Department) were most intimately connected with the work, the Ministry sanctioned the appointments, as from July 1st, 1932, of the under-mentioned:—

For Ipswich Western Registration Sub-District: Mr. H. J. Walton.

For Ipswich Eastern Registration Sub-District: Mr. S. James.

The step marks the complete separation of Vaccination from the Poor Law and its transference to the Public Health Committee, the Authority to which it properly belongs.

The figures in the following Table are supplied by the Vaccination Officers :—

	Ipswich Eastern.		Ipswich Western		Ipswich.	
	Nos.	Per cent.	Nos.	Per cent.	Nos.	Per cent.
No. of Children Registered during 1932	720	—	721	—	1441	—
Cases Vaccinated	99	13.8	174	24.1	273	18.9
No. of objections to Vaccination	583	80.9	499	69.2	1082	75.1
No. of Infants insusceptible ...	—	5.3	3	6.7	3	6.0
No. of Infants who died unvaccinated	23		27		50	
No of Children who left the district	8		10		18	
Postponed or cases in the hands of the Public Vaccinator ...	7		8		15	

The percentage of children vaccinated in 1931 was 13.7%. There was, therefore, an increase of 5.2% in the proportion of children vaccinated in 1932.

VENEREAL DISEASES.

REPORT RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT IPSWICH DURING THE YEAR ENDING DECEMBER 31st, 1932.

By Dr. F. Fowler Ward

(Medical Officer in Charge, Venereal Diseases Clinic).

The number of cases treated in 1932 were :	Males.	Females.	Persons.
Gonorrhœa	109	34	143
Syphilis	80	63	143
Soft Chancre	1		1
Other conditions	49	23	72
Total 1932	**239**	**120**	**359**
,, 1931	240	131	371
,, 1930	264	138	402
,, 1929	275	138	413

The number of cases treated in 1932 varied very slightly from that of preceding years.

The number of cases dealt with *for the first time* during the years 1929-1932 are given below classified according to residence :—

Year	Ipswich.	East Suffolk.	West Suffolk.	Essex.	Total.
1929	136	83	3	17	239
1930	145	64	6	14	229
1931	129	63	2	16	210
1932	128	64	1	13	206

There is a slight decrease in the number of new cases.

OUT-PATIENT ATTENDANCES.

(a) For individual attention by Medical Officer.

	Males.	Females.	Persons.
Gonorrhœa	855	229	1,084
Syphilis	617	482	1,099
Soft Chancre	3	—	3
Other conditions	64	71	135
Total 1932	**1,539**	**782**	**2,321**
,, 1931	1,668	724	2,392
,, 1930	1,620	1,078	2,698
,, 1929	1,661	774	2,435

Table 2 accounts for a slight decrease under this heading.

(b) For intermediate treatment (irrigation, dressing, etc.).

	Males.	Females.	Persons.
Gonorrhœa	2,902	563	3,465
Total 1931 ...	3,203	735	3,938
,, 1930 ...	2,773	454	3,227
,, 1929 ...	2,172	454	2,626

The importance of intermediate treatment cannot be over-estimated, hence every endeavour is made to get patients to attend. This applies, however, almost entirely to Gonorrhœa.

(c) Total.

	Males.	Females.	Persons
Gonorrhœa	3,757	792	4,549
Syphilis	617	482	1,099
Soft Chancre	3	—	3
Other conditions ...	64	71	135
Total 1932 ...	**4,441**	**1,345**	**5,786**
,, 1931 ...	4,871	1,459	6,330
,, 1930 ...	4,393	1,532	5,925
,, 1929 ...	3,833	1,230	5,063

The total of the attendances is lower, implying that there is a general decrease of Venereal Diseases.

Total number of attendances of all patients residing in each area :—

Year.	Ipswich.	East Suffolk.	West Suffolk.	Essex.	Total.
1929	**3,829**	1,131	20	83	5,063
1930	**4,641**	901	193	190	5,925
1931	**5,042**	1,053	38	197	6,330
1932	**4,653**	992	25	116	5,786

The attendances from areas other than Ipswich, are fairly satisfactory, owing probably to the increased facilities for local travelling.

IN-PATIENT DAYS.

Number of Patients and aggregate number of "In-patient days" of treatment :—

	Males.		Females.		Persons.	
	Patients	Days.	Patients	Days.	Patients.	Days.
Syphilis	1	1	—	—	1	1
Gonorrhœa ...	6	88	9	374	15	462
Soft Chancre ...	—	—	—	—	—	—
Other conditions ...	1	1	1	39	2	40
Total 1932 ...	**8**	**90**	**10**	**413**	**18**	**503**
,, 1931 ...	5	38	11	215	16	253
,, 1930 ...	8	135	4	70	12	205
,, 1929 ...	9	118	8	190	17	308

The increase in this section is not due to increased severity of disease.

It is notable that early cases of Gonorrhœa, particularly in females, respond more readily to the regular treatment, such as can be practised when "In-patient."

The following Table shows the "In-Patient days" classified according to areas :—

Year.	**Ipswich.**	East Suffolk.	West Suffolk.	Essex.	Total.
1929	**104**	204			308
1930	**98**	69	22	16	205
1931	**151**	61		41	253
1932	**242**	222	21	18	503

The above remarks are particularly applicable to persons residing outside the Ipswich area.

EXAMINATION OF PATHOLOGICAL MATERIAL AND NUMBER OF DOSES OF ARSENOBENZENE COMPOUNDS GIVEN.

Year	Specimens Examined by Medical Officer at Centre.		Specimens Examined by an Approved Laboratory		No. of doses of Arsenobenzene Compounds.				
	Spirochaetes	Gonococci	Wassermanns	Gonococci	Ipswich	East Suffolk	West Suffolk	Essex	Total
1929	4	150	148	110	287	287	5	25	604
1930	12	213	173	106	128	75	6	26	235
1931	9	209	165	129	197	159	6	68	430
1932	3	187	144	78	253	147	8	54	462

The figures in these various items correspond roughly to the figures of other sections.

During the year 1932, all persons, before discharge as cured of Gonorrhœa, had the Wassermann Reaction taken.

It was thought that a double infection might have occurred, and given no symptoms of Syphilis. However, in every case the W.R. was returned negative.

(Signed) F. Fowler Ward,
Medical Officer in Charge of Centre.

WATER SUPPLY.

The following is the return of the approximate amounts of water supplied from the various sources during 1932 :—

	Gallons.
Total Water from Wells in Waterworks Street ...	346,107,000
Total Water from Wells at Whitton	473,222,000
Total Water from Gravitation Sources (Holywells) ...	17,000,000
Total Supply, all sources	836,329,000

	Gallons.
Supply per head, per day, including Trades	26.0
,, ,, ,, ,, ,, 1931	25.5
,, ,, ,, ,, ,, 1930	25.0
,, ,, ,, ,, ,, 1929	25.6

I am indebted to Mr. E. McLauchlan, the Borough Engineer, for the figures.

The water is analysed at frequent intervals. No question has ever risen with regard to the purity of the Well Waters.

STREET CLEANSING AND COLLECTION AND DISPOSAL OF HOUSE REFUSE.

CLEANSING SUPERINTENDENT'S REPORT.

The following Table shows the progress of the work of Refuse Collection and Disposal from the year 1927-28 up to 1931-32, the year under review.

It will at once be seen that a comparison with the figures for the 110 principal cities and boroughs, in relation to cost per 1,000 houses and per 1,000 population gives us a not unfavourable position. The cost per ton will again be seen to be influenced by the weight per 1,000 population per day, which now stands at precisely half the average obtaining in the 110 cities and boroughs.

IPSWICH	Number of Houses.	Population.	Weight per 1,000 population per day.	Net Expenditure per annum per ton.			Net Expenditure per 1,000 population per annum.			Net Expenditure per 1,000 houses per annum.			Rate in the £
				Collection	Disposal.	Total.	Collection.	Disposal.	Total.	Collection	Disposal.	Total.	
			cwts.	s d	s d.	s. d.	£	£	£	£	£	£	d.
931-32	23413	87770	8.3	12 2	8 3	20 5	93	66	159	349	247	596	7.3
930-31	23160	86860	8.4	11 11	7 10	19 9	92	60	152	344	225	569	7.04
929-30	22986	85800	8 5	12 0	6 10	18 10	91	52	143	339	193	532	6 72
928-29	22404	85990	7 7	11 5	10 3	21 8	81	72	153	334	300	634	7.22
927-28	21688	84140	7.7	12 2	10 3	22 5	86	72	158	360	305	665	7.49
Average for 10 cities and boroughs			16.6	9 10	5 4	15 2	143	75	218	679	355	1034	—

The increase in cost of refuse collection, over the preceding year, is due to the greater distances from which refuse has to be brought in to the destructor, as foreshadowed in my comments last year.

During the current year 13,370 tons of refuse were collected, the whole of which was dealt with at our destructor, by incineration.

The total street mileage in the borough is 96.36, of which 6 miles were cleaned daily, 3 miles twice weekly, 58 miles once weekly, and 29 miles fortnightly. The cost of street cleaning worked out at £1 1s. 9d. per 10,000 square yards.

H. Parish,
Cleansing Superintendent.

CHIEF SANITARY INSPECTOR'S REPORT, 1932.

I desire to record, with very great personal regret, the resignation in June, 1932, of Mr. A .T. Mears, Chief Sanitary Inspector.

Mr. Mears joined the Sanitary Inspectors' Staff in June, 1912, and during the last sixteen years has been in charge of that Department.

He will be remembered always for his tactful and courteous associations with all members of the Public and the staff of his Department.

A. M. N. Pringle,
Medical Officer of Health.

Mr. H. L. Baty, who was appointed Chief Sanitary Inspector in June, 1932, vice Mr. Mears, reports as follows:—

Analysis of Inspections.	1932
Private Houses	6,091
House to House	444
Houses let in Lodgings	48
Van Dwellings	101
Common Lodging Houses	99
Houses with reference to application for Council House	38
Damp Houses	31
Houses with defective eaves-troughing	27
Overcrowded Houses	212
Total Inspections of Housing conditions ...	7,091
Slaughter-houses	3,296
Butchers Shops	447
Cowsheds	148
Milk Retailers Premises	453
Bakehouses	302
Ice Cream Premises	31
Restaurant Kitchens	17
Cold Stores	14
Fried Fish Shops	306
Total Inspections with reference to Food ...	5,014
Rivers	57
Refuse Dumps	44
Visits after Infectious Disease	482
Shops	815
Factories, Workshops, &c.	108
Drains	236
Schools	11
Places of Entertainment	120
Urinals	198
Offensive Trade Premises	341
Stables	27
Piggeries	30
To Investigate Complaints	911
Smoke Nuisances	20
At Port	410
Total of other Inspections	3,810
Total Inspections made during the year	15,915

Analysis of Work Carried Out.	1932
Drains inspected	236
Drains smoke tested	83
Drains water tested	87
Drains reconstructed	18
Drains unblocked and cleansed	51
New Drains and Houses connected to Sewer	1
Ventilating shafts provided	18
Ventilating shafts repaired	3
Gullies fixed	57
New sinks and wastes provided	35
Water-closet flushing apparatus repaired	25
Water-closets repaired	10
New water-closet pans provided	49
New water-closets provided	34
Foul water-closets cleansed	30
Inspection chambers provided	36
Inspection chambers repaired	15
Total Drainage works carried out	788
Roofs repaired	90
Eaves-gutters repaired	64
Rain Water Pipes repaired or renewed	20
Coppers repaired	38
Damp-proof courses inserted	3
Dampness otherwise remedied	17
Rooms Ventilated	30
Yards re-paved or yard pavings repaired	72
Wash-houses repaired	24
Sculleries concreted	49
Ash Bins provided	266
General Repairs to Houses	205
Total works carried out to Houses	878

Analysis of Work Carried Out—*continued.*	1932
Urinals repaired or cleansed	37
Water laid on to water-closets ..	18
Dirty houses cleansed	11
Pail closets abolished . ..	1
Dead wells abolished	3
Premises limewashed	89
Removal of manure	15
Removal of animals	6
Total of other works carried out	180
Total works carried out during the year ...	1,846

HOUSING.

1.—Inspection of Dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	6,535
(b) Number of Inspections made for the purpose ...	8,903
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	444
(b) Number of Inspections made for the purpose ...	2,812
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	398

2.—Remedy of defects during the year without service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	290

3.—Action under Statutory Powers during the year :—

(a)—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ... nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners ... ... nil.
(b) By Local Authority in default of owners ... nil.

(b)—Proceedings under the Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 65

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners 56
(b) By Local Authority in default of owners ... nil.

(c)—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ... nil.

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ... nil.

(d)—Proceedings under Section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... nil.

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... nil.

(e)—Proceedings under Section 3 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which notices became operative requiring repairs ... ... nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By Owners ... ... nil.
(b) By Local Authority in default of owners ... nil.

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ... nil.

(f)—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which Closing Orders became operative	nil.
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	nil.
(3) Number of dwelling-houses in respect of which Demolition Orders became operative	nil.
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	nil.

WATER SUPPLY.

Samples taken from Corporation Supply	25
Samples taken from Private Supply	1
Samples taken of Trade Effluents	13

INFECTIOUS DISEASES.

Infectious Diseases enquiries made	482

PROGRESS OF NOTICES.

Preliminary.	
Served	446
Completed	407
Statutory.	
Served	65
Completed	56
Verbal.	
Given	56
Completed	37
Letters Issued	420

FACTORIES AND WORKSHOPS.

Premises Inspected.	
Factories	88
Outworkers	16
Bakehouses	302

SHOPS' ACTS.

Visits	815
New Shops Registered	15
Transfers	9

SALE OF FOOD AND DRUGS.

The following Table shows the number of samples taken :—

Milk	36
Cream	1
Butter	38
Margarine	17
Coffee	4
Lard	5
Baking Powder	1
Vinegar	3
Tea	6
Tinned Milk	6
Tinned Cream	4
Tinned Fruit	3
Potted Meat	3
Jam	2
Confectionery	1
Rice	2
Dried Peas	1
Pepper	1
Bicarbonate of Soda	1

There were no prosecutions during the year.

Four vendors of Milk and one vendor of Vinegar were cautioned.

DISEASES OF ANIMALS ACTS, 1894-1927.

TUBERCULOSIS ORDER, 1925.

Five cows were sent in for slaughter by Veterinary Inspectors.

Two carcases with all organs were condemned.

In one case the head, tongue, mesentery and udder were condemned.

In one case the lungs, liver and melt were condemned.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

The number of inspections of butchers' shops made during the year was 447.

SLAUGHTER-HOUSES.

The number of visits made to slaughter-houses during the year was 3,296.

There were 15 private slaughter-houses in existence in the Borough during 1932. These slaughter-houses, are scattered and a considerable amount of time is spent in travelling by the inspectors during the course of a year. With the existing staff, it is quite impracticable to be present during the slaughtering of all animals in these slaughter-houses, and, for this reason, amongst others, it is very desirable that a centralised public abbatoir should be established in the Borough, as early as possible.

The numbers of carcases examined during the year were :—

Cattle	3,655
Sheep	5,199
Pigs	16,896
Calves	327

The number of pigs examined before slaughter was 8,687.

MILK AND DAIRIES ORDER, 1926.

No. of inspections of Dairies and Milkshops ...	290
No. of inspections of Purveyors of Milk	163
No. of inspections of Cowsheds	148

FOOD INSPECTION.

The undermentioned foodstuffs were condemned as unfit for human consumption during the year 1932 :—

Carcases of beef	19
Beasts' livers	123
Beasts' lungs	118
Beasts' heads and tongues	117
Beasts' mesenteries	43
Beasts' tongues	11
Beasts' skirts	9
Beasts' spleens	4
Beasts' offals	4
Beasts' heads	7
Beasts' kidneys	3
Beasts' tripes	1
Cow's udder	1
Carcases of mutton	13
Carcases of lamb	2
Beef (lbs.)	172
Sheep's plucks	10
Sheep's livers	6
Forequarters of mutton	1
Lamb (lbs.)	25
Mutton (lbs.)	34
Carcases of pork	201
*Pork (lbs.) ...	39 tons 1 cwt. 3 qrs. 19 lbs.

Pigs' heads	4,855
Pigs' livers	675
Pigs' hocks	20
Pigs' plucks	1,622
Pigs' kidneys (lbs.)	21
Pigs' mesenteries	267
Pigs' legs	28
Pigs' shoulders	4
Pigs' kidneys	2,715
Pigs' fore ends	22
Pigs' intestines	88
Pigs' spleens	3
Pigs' offals	302
Pigs' flecks	6
Pigs' lungs	25
Pigs' hearts	8
Carcases of veal	5
Calves' livers	1
Tinned Foods (tins):—	
Corned beef	42
Various	14
Fruit	261
Fish	95
Meat paste	84
Baked beans	21
Milk	167
Tongue	1
Cream	7
Shrimps (gallons)	20
Haddocks (stones)	4
Tinned Loganberries	7
Chickens	4
Fish (lbs.)	28
Apples (barrels)	15
Dates (lbs.)	14
Kippers (boxes)	4
Skate (lbs.)	16

Includes 4,014 pigs' heads.

RATS AND MICE DESTRUCTION ACT, 1919.

Visits to premises re rat destruction	15

DISINFECTION.

The undermentioned Table gives the number of rooms, articles of clothing, vehicles, etc., disinfected by this Department during 1932:—

Infectious diseases :—	
Rooms	626
Bedding	5,933
Tuberculosis :—	
Rooms	153
Bedding	1,212
Articles from Isolation Hospital	9,525
Articles from Unemployed Committee ...	416
Ambulances	69
Library Books	589
Articles destroyed	199
Verminous rooms disinfected	113
Scabies Baths given	176
Taxi	1
Class Room	1

SANITARY CONDITIONS OF MUSIC HALLS AND CINEMAS.

In accordance with a suggestion contained in a letter circulated by the Ministry of Health, 120 visits were paid during performances to Music Halls and Cinemas in the Borough.

Special attention was paid to the ventilation of the Premises, also to the condition and efficiency of the sanitary accommodation.

In every case the conditions were satisfactory

MORTUARY.

During the year 1932, 71 bodies were admitted into the Mortuary.

In 41 cases Post-Mortem Examinations were held.

FACTORIES AND WORKSHOPS, 1932.

1.—Inspection of Factories and Workshops :—

Premises.	Number of Inspections.	Written Notices.	Prosecutions of Occupiers.
Factories ...	10	–	–
Workshops ...	78	4	–
Outworkers ...	16	–	—
Workplaces ...	4		—
Total ...	108	4	—

2.—Defects found in Factories, Workplaces and Workshops, etc :—

Particulars.	Number of Defects. Found.	Remedied.	Referred to H.M. Inspector
Nuisances under the Public Health Acts :			
Want of Cleanliness ...	6	6	--
Want of Ventilation ...	—		-
Overcrowding	—	-	
Want of Floor Drainage			
Other Nuisances ...	3	3	—
Sanitary Accommodation			
(a) Insufficient ...	1	1	—
(b) Unsuitable or defective			
(c) Sexes not separate ...			—
Offences under the Factory and Workshop Acts			
Other Offences	3	2	
TOTAL	13	12	

3.—Outwork in Unwholesome Premises, Section 108.

So far as Ipswich is concerned there is nothing to report under this heading.

PORT OF IPSWICH SANITARY AUTHORITY. REPORT FOR 1932.

I.—Amount of Shipping entering the Port during the year 1932 :—

		No.	Tonnage.	No. Inspected		No. reported to be defective.	No. of vessels on which defects were remedied.	No. of vessels reported as having or having had during the voyage Infectious Disease on board.
				By the Medical Officer of Health.	By the Sanitary Inspector.			
Foreign	Steamers	90	121,888		21	—	—	1
	*Motor ...	43	21,385		2		—	
	Sailing ...	2	3,550	—	1	—	—	—
	Fishing ...	—	—	—	—	—	—	—
Total Foreign		135	146,823	—	24	—	—	1
Coastwise	Steamers	538	157,957		88	—	—	—
	*Motor ...	252	33,004		2		—	
	Sailing ...	1,015	66,226	—	296	—	—	—
	Fishing ...	—	—	—	—	—	—	—
Total Coastwise		1,805	257,187	—	386	—	—	—
Total Foreign and Coastwise		1,940	404,010		410			1

* Includes mechanically propelled vessels other than steamers.

II.—Character and Trade of Port :—

(a) Passenger Traffic during 1932—Nil.

(b) Cargo Traffic—Principal imports : coal, grain, timber, road stone, sand and shingle, oil, phosphates, fertilisers, feeding stuffs, and ore. Principal exports : grain, flour, vegetable oils, sugar, oils and spirits, malt, feeding stuffs, and burnt ore.

(c) The Foreign Ports from which vessels arrive : Antwerp (Belgium), Rotterdam (Holland), Hamburg and Stettin (Germany), Dantzig (Free State), Black Sea Ports, White Sea and Baltic Ports, Huelva (Spain), Tunis, Sfax, Casa Blanca (North Africa), Sidney, Melbourne, Wallaroo, Port Victoria (Australia), Vancouver, Montreal (Canada), Texas Ports, Buenos Aires, Rosario, San Nicholas, Villa Constitucion (River Plate).

III.—Source of Water Supply :—

(a) For the Port—Town Supply.

(b) For Shipping—Town Supply. Water boat from Harwich is used for vessels at deep water mooring berths at Butterman's Bay.

IV.—Infectious Diseases :—

(a) Vessels destined for this port upon which Infectious Disease is present on arrival off Harwich are boarded by the Medical Officer to the Harwich Port Sanitary Authority. Cases occurring after passing the Port of Harwich and previous to the vessels leaving here are dealt with in the same way as cases occurring in the Borough.

The Borough has its own Isolation Hospital, Motor Ambulance, Disinfecting Station and Station for the Cleansing of Persons.

(b) Venereal Disease Clinic is held at the East Suffolk Hospital, Ipswich.

(c) Bacteriological Examinations are carried out when required by the Bacteriologist to the East Suffolk County Council, County Hall, Ipswich.

There were no cases of Infectious Sickness removed from vessels lying in the port.

There was one case of Infectious Sickness (Venereal Disease) which occurred on a vessel during the voyage.

V.—Measures against Rodents :—

This is not an "approved" Port for the Purposes of Rat Destruction.

VI.—Hygiene of Crews' Spaces :—

The following Table shows the classification of the defects and nuisances found in vessels :—

Nationality of Vessel.	No. Inspected during 1932	Defects of original construction.	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British ...	386			
Other Nations...	24			

H. L. Baty,
Chief Sanitary Inspector.

County Borough of Ipswich.

School Medical Officer's
REPORT

1932.

COUNTY BOROUGH OF IPSWICH
EDUCATION COMMITTEE.

ANNUAL REPORT

FOR 1932,

ON THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

Medical Staff:

A. M. N. Pringle, M.B., C.M. (Edin.), D.P.H. (Camb.).
Medical Officer of Health and School Medical Officer.

A. W. Gaye, B.A., M.B., B.C., D.P.H. (Camb.), M.B., Ch.B. (Manc.).
Deputy Medical Officer of Health and Assistant School Medical Officer.

Mrs. E. M. Edwards, M.R.C.S., L.R.C.P. (Eng.).
Assistant School Medical Officer (Part time).

Dental Staff:

T. A. Edmondson, L.D.S., R.C.S., Eng.
School Dental Surgeon.

A. W. T. Ward, L.D.S., R.C.S., Eng.
Assistant School Dental Surgeon.

R. Cuthill, L.D.S., R.C.S., Eng.
Assistant School Dental Surgeon.

Nursing Staff:

Miss M. Sandbach, Miss F. Ilett, and part-time service of four of the Health Visitors of the Public Health Staff.

County Borough of Ipswich.

PUBLIC HEALTH DEPARTMENT,
ELM STREET,
IPSWICH.

April 1st, 1933.

LADIES AND GENTLEMEN,

I have the honour to present to you the Report of the School Medical Officer for the year 1932.

I have pleasure in recording my appreciation of the services rendered by the members of the Staff of the School Medical Service during the year.

I remain, Ladies and Gentlemen,

Your obedient Servant,

A. M. N. PRINGLE,

Medical Officer of Health.
School Medical Officer.

To the Chairman and Members
of the Education Committee.

INTRODUCTION.

This Report on the work of the School Medical Service follows on the lines already laid down in the series.

This renders it easy to pick out variations from previous experience and facilitates comparisons.

Attention is drawn to the increase in the work of the Inspection Clinic, which is, in my opinion, the most valuable part of the School Medical Service.

The number of children attending the Clinic is now within measurable distance of one half of the average School attendance, a striking tribute to the need for the Clinic.

It is in the highest degree regrettable that it is necessary to draw attention to an increase in *verminous conditions*. These reached their lowest point in 1928, but in the following year the number doubled, and it remained stationary in the two succeeding years. In 1932 a further, and substantial increase took place.

Experience has shown that there are certain "dirty families," the unhappy children of which come from homes inhabited by dirty people. These people live cheek by jowl with other people, equally poor, if not poorer, but whose persons and homes are as clean as could be desired. It is not poverty that makes people dirty, but muddling incompetence and indifference to dirt. These dirty families are the source of verminous conditions in the schools.

On the other side of the picture, it is gratifying to be able to record the almost total disappearance of *Ringworm*.

Scabies, at one time very prevalent, had almost disappeared, but now shows evidence of increasing prevalence. This is another dirt disease whose presence is a menace to clean children.

The number of children with *Tonsils and Adenoids*, referred for treatment to the East Suffolk and Ipswich Hospital, was the lowest for many years. In this relation I think the case for the removal of septic Tonsils is even stronger than ever, but this should not be read as an endorsement of the indiscriminate removal of Tonsils, a policy with which I am not in agreement.

In the Report of the *School Dentist,* an admirable piece of work, reference is made to the high proportion of parents who refuse to permit their children to undergo necessary dental treatment. One would have thought that, with the spread of knowledge amongst the people, an impression would have been made upon the incredible mass of ignorance on the subject of Dental Defect and its dangers.

Innumerable lectures and demonstrations have been given, the local Press has done its best in the way of propaganda, and yet the lamentable fact remains that a very large proportion of parents have learned nothing. The objectors in a large number of cases do not object to extractions, especially if there is pain, because they say that in any case the temporary teeth will fall out. The main objection is to conservative dentistry. These people do not seem to be able to realise that a tooth is stopped in order to try and prevent further decay. In some cases the excuse is that it is no use stopping a tooth that is going to fall out in the course of a few years in any case. There seems to be no remedy for this Gilbertian situation, but the pity of it is that the children are sacrificed to parental incompetence.

PUBLIC ELEMENTARY SCHOOLS AND SCHOOL POPULATION.

The following Table gives approximately the number of Public Elementary School Children in Ipswich :—

	1928	1929	1930	1931	1932
Number of Public Elementary Schools	26	27	26	26	27
Average Number of Children on School Registers	11,391	11,408	11,419	11,401	11,617
Average attendance of Children at School...	10,369	10,162	10,190	10,174	10,381

ROUTINE MEDICAL INSPECTION.

The number of children examined at Routine Medical Inspection since 1928 is shown as follows :—

Group.		1928.	1929.	1930.	1931.	1932.
Entrants ...	...	1,309	1,155	1,227	887	1,271
Intermediates	...	1,496	1,503	1,406	1,272	1,060
Leavers ...	...	1,299	986	926	940	1,211
Total	...	4,104	3,644	3,559	3,099	3,542

The number of children examined during 1932 was considerably greater than in 1931, and almost equal to the average of the four preceding years. The number of examinations in 1931 was affected by staff changes.

SPECIAL INSPECTIONS.

The appended Table furnishes particulars with reference to the attendance of children at the Inspection Clinic, together with the number of exclusions granted :—

Period	Numbers of Children attending at Clinic.	Total Attendances at Clinic.	Exclusions Granted.	Cases in which no exclusion was necessary	No. of exclusions as result of home visiting by nurses.	Total Exclusions
Average 1912-15	—	4,568	1,004	—	—	1,004
1916-20	1,850	6,611	1,525	325	1,180	2,705
1921 25	2,846	10,726	1,930	555	1,590	3,520
1926-30	4,193	13,189	2,520	1,673	2,042	4,562
1926	3,188	12,147	2,168	1,020	1,332	3,500
1927	3,843	13,924	2,485	1,358	1,193	3,678
1928	4,521	13,539	2,580	1,941	2,728	5,308
1929	4,814	13,667	2,858	1,956	2,400	5,258
1930	4,600	12,667	2,509	2,091	2,558	5,067
1931	4,668	12,148	2,239	2,429	1,749	3,988
1932	4,888	14,229	2,299	2,589	1,528	3,827

It will be seen from this Table that both the number of children attending, and the Total Attendances, at the Clinic were records.

EXCLUSION OF SCHOOL CHILDREN,

including cases excluded at the School Clinic and by the Health Visitors as a result of home visits.

Disease or Defect.	Cases Excluded.	Total days of exclusion.	Max. days of exclusion.	Min days of exclusion.	Average No. of days.	Cases Brought over from 1931.	Cases Still Outstanding.
AT SCHOOL CLINIC:—							
Tonsillitis, Diphtheria, Sore Throats, etc. ...	334	4681	203	1	14	13	15
Debility	251	3581	110	1	14	8	8
Verminous Conditions ...	158	1841	54	1	12	5	3
Impetigo	120	1579	72	1	13	16	2
External Eye Disorders	91	1287	116	1	14	5	2
Otorrhœa	67	1362	116	1	20	4	7
Tuberculosis:—							
Pulmonary ...	63	2663	365	1	42	9	9
Other Forms ...	48	4491	365	2	94	12	12
Scabies	56	1380	92	1	25	3	2
Whooping Cough ...	53	2131	135	5	40	11	2
Bronchitis	35	1126	133	5	32	2	1
Anæmia & Heart ...	26	2027	335	5	78	6	4
Influenza	21	419	66	4	20	1	—
Ringworm:—							
Scalp	2	87	49	38	44	—	1
Skin	8	168	49	7	21	—	
Mumps	1	6	6	6	6	—	—
Other Ailments ...	965	13572	365	1	14	39	23
TOTAL ...	2299	42401	365 (Max.)	1 (Min.)	18 (Aver'ge)	134	91
BY HEALTH VISITORS:—							
Chicken Pox, etc. ...	564						
Measles	309						
Whooping Cough ...	208						
Other Infectious Diseases	70						
Tonsillitis, Coughs, Influenza, etc. ...	182						
Impetigo, Sores, etc ...	19						
Minor Injuries ...							
Other Ailments ...	176						
TOTAL ...	1528						
GRAND TOTAL ...	3827						

There was little change in the order of the diseases for which exclusions were granted, but Ringworm has now almost ceased to be one of the causes of exclusion. The groups "Verminous Conditions" and "Scabies" are dealt with later on in detail.

The following Table compares EXCLUSION FIGURES for 1932 with those of past years. Exclusions as a result of home visits are not included in this Table :—

Year.	Cases Excluded.	Total Days of Exclusion.	Average No. of Days.
Average.			
1921–25	1,930	68,198	40
1926–30	2,526	63,515	25
1926	2,168	60,207	28
1927	2,485	70,222	28
1928	2,580	63,975	25
1929	2,858	66,550	23
1930	2,509	56,613	22
1931	2,239	42,725	19
1932	2,299	42,401	18

It is interesting to note that the average number of days of absence in consequence of exclusion is still decreasing—a fact which has a considerable bearing upon the School Attendance percentages.

EXCLUSIONS FOR VERMINOUS CONDITIONS AND SCABIES.

The following Table illustrates the experience since 1911 :—

Period.	No. of Cases Excluded.		Average No. of Days Lost	
	Verminous Conditions.	Scabies	Verminous Conditions.	Scabies.
Average.				
1911–1915	197	19	*	39
1916–1920	*	138	*	35
1921–1925	104	40	6	30
1926–1930	108	18	11	40
1926	141	10	10	24
1927	88	22	9	54
1928	64	13	11	28
1929	121	15	13	63
1930	124	32	10	33
1931	129	35	11	28
1932	158	56	12	25

* Figures for these years not available

This Table indicates that during 1932 no less than 3,221 days were lost owing to uncleanly conditions, and the total children excluded under the two heads was greater than in any year since the War and equal to the pre-war average.

Possibly the increase shown in Verminous Conditions may be due to a more intensive campaign against them, and not a true increase; but Scabies has shown a definite increase during the last three years, which is difficult to account for. During the past year there have been several cases in which most of the inmates of the house were affected. It will be noted, however, that the average number of days lost as the result of Scabies has decreased during the same period that its incidence has increased.

TREATMENT CLINIC.

The following Table shows the number of children who were treated at the Treatment Clinic during the last few years, together with the total number of visits paid by them :—

Year.	Number of Children Treated.	Total Visits Paid.
Average		
1921—25	277	2,901
1926—30	715	3,339
1926	377	3,277
1927	665	4,068
1928	866	3,730
1929	835	3,316
1930	834	2,306
1931	912	3,692
1932	854	4,043

The striking feature of this Table is the large increase in the total visits paid to the Centre.

In 1931, on the average each child paid 4 visits for treatment, whereas in 1932 each one paid 5 visits, which still does not appear unreasonably large.

The appended Table gives the particular diseases or defects dealt with at the Treatment Clinic :—

Disease or Defect.	1928.	1929.	1930.	1931	1932.
Ringworm —					
Scalp	8	10	8	1	--
Skin	9	4	3	2	7
Scabies	8	8	34	28	22
Impetigo	76	94	44	111	71
Other Skin Diseases ..	229	171	159	217	216
Minor Eye Defects ..	110	124	110	116	82
Minor Ear Defects ..	4	6	4	13	10
Nose and Throat ..	46	28	25	13	12
Minor Injuries ...	129	216	285	255	285
Miscellaneous ..	247	174	162	156	149
Total ...	866	835	834	912	854

The number of children treated at the Treatment Centre during the year, although below the previous year, was almost equal to the average of the last five years.

There was a diminution in the number of cases of Impetigo and minor eye defects.

MENTALLY DEFECTIVE CHILDREN.

47 children were examined under this heading during 1932, and in addition 12 cases were re-examined.

The results of the examinations were as follows :—

Classified as	Males	Females.	Total.
Feeble Minded M D ..	8	6	14
Imbeciles		1	1
Idiots	1	2	3
Total Certified	9	9	18

Of the remainder, 19 were "Dull and Backward," 5 "Backward," and 5 "Normal."

The average ascertainment of mental defectives (about 1 in 3) was much the same as usual, but considerably less time was available for this work owing to eye examinations and examinations for the Open-Air School.

The following Table compares the figures of 1932 with those of the previous ten years :—

Year	CLASSIFICATION.														
	Feeble-Minded.			Imbeciles.			Idiots.			Dull and Backward.			Total		
	M.	F.	T.	M.	F.	T	M.	F.	T	M	F.	T.	M.	F.	T.
Average 1921-1925	18	11	29	2	4	6	–	—	—	20	12	32	40	27	67
1926-1930	10	10	20	4	3	7	—	—	—	13	14	27	27	27	54
1926	11	8	19	6	5	11	– –	—	—	18	22	40	35	35	70
1927	10	17	27	5	2	7	—	—	—	15	15	30	30	34	64
1928	8	6	14	3	1	4	1	—	1	6	12	18	18	19	37
1929	11	13	24	1	6	7	—	—	—	15	6	21	27	25	52
1930	11	6	17	5	2	7	—	1	1	10	13	23	26	22	48
1931	16	20	36	5	1	6	—	—	—	13	6	19	34	27	61
1932	8	6	14	– –	1	1	2	1	3	14	5	19	24	13	37

BRITANNIA ROAD SPECIAL SCHOOL.

There were less than half the number of admissions this year accounted for largely by the fact that less time was available, and in consequence only half the number of children were examined with a view to admission, as compared with the year before.

8 Boys and 4 Girls were admitted during the year, and 7 Boys and 7 Girls were discharged, leaving 83 (44 Boys and 39 Girls) on the roll at 31st December, 1932.

Attendance again has been fairly well maintained and compares favourably with that of other schools.

The School has made steady progress, occasional difficulties arising owing to antisocial tendencies.

I had intended to give an account of the progress of all past scholars, but the necessary data is not to hand in time for this Report.

The children again gave a very successful entertainment at the end of the Christmas term, which was extremely well attended by parents and much appreciated.

Thanks are due to the Head Mistress for her continued efforts and interest and unfailing patience, and to all her staff, and in this connection the Instructors in handwork and games have been especially helpful.

(Signed) A. W. Gaye,

Deputy Medical Officer of Health,
Deputy School Medical Officer.

PEDICULOSIS AND UNCLEANLY CONDITIONS.

Number of examinations	25,241
Number of individual children found to have nits or vermin ...	228
Number excluded from School	158
Number of "24-hours' Notices" served	55
Number of children cleansed by parents after receipt of "24-hours' Notices"	40
Number of children whose hair was cut or whose heads were cleansed by the Local Authority	15
Number of baths given to children	178
Cases reported to the N.S.P.C.C. for wilful neglect ...	nil.
Prosecutions	nil.

It would appear from the above figures that 0.90 per cent. of the children examined were found to have nits or vermin. This percentage compares with 0.87 in 1931 and 0.73 in 1930.

EMPLOYMENT OF SCHOOL CHILDREN.

172 children were examined during 1932, necessitating a total of 199 examinations, under the Employment of Children Act, 1903, as amended by the Education Act of 1921.

	Physical Condition Satisfactory	Passed after re-examination.	Certificate Refused	Re-examinations carried out.	Total Exams.
Male	118	46	4	27	195
Female	1				1
Street Traders	3				3
TOTAL	122	46	4	27	199

The number examined and the total Examinations are almost the same as in 1931.

TUBERCULOSIS DISPENSARY.

The session devoted to the examination of school children during 1932 was Friday afternoon.

So far as Institutional Treatment of Tuberculosis is concerned, the following school children were admitted to the Institutions named :—

INSTITUTION	Boys.	Girls.	Total.
Ipswich Sanatorium	25	17	42
East Suffolk & Ipswich Hospital (for treatment of Surgical Tuberculosis)	2	2	4
Ipswich Isolation Hospital—			
(a) Pulmonary Tuberculosis ...	—	—	—
(b) Surgical Tuberculosis	4	4	8
TOTAL	31	23	54

EYE CLINIC.

The Summary for the year is given below :—

Number of cases examined	408
Number of visits paid	736
Glasses prescribed	197
,, changed	108
,, unchanged	17
No treatment necessary	79
Treatment required (other than the provision of Glasses)	2
Glasses obtained or changed	298

The following defects were found :—

Hypermetropia	62
Hypermetropic Astigmatism	41
Myopia	85
Myopic Astigmatism	17
Mixed Astigmatism	6
Squint	37
All others	11

In connection with the Eye Clinic, the following Table is of interest :

Period.	Number of Children Examined.	Percentage for whom Glasses were prescribed (or changed).	Percentage who obtained (or changed) Glasses.
Average			
1921–1925	330	57	81
1926–1930	372	69	95
1926	312	60	95
1927	415	71	96
1928	442	71	92
1929	351	71	98
1930	339	73	96
1931	361	72	96
1932	408	75	98

There is a definite increase in the number found to be suffering from Myopia, but last year's figure appears exceptionally low.

WHITTON OPEN AIR SCHOOL.

This School has now reached its third year, and has again amply fulfilled its purpose in the improvement to health of the children in attendance. A few are now admitted as young as seven years of age, and this should prove of increasing advantage as time goes on.

The grounds around are becoming more beautiful, and the part under cultivation is now almost able to produce all the needful vegetables for the School. This has been brought about by the able teaching of the Gardening Instructor and the assistance and energy (in some cases too much energy) of those under him.

Under the shade of the fruit trees a very good play—a credit to teaching staff and performers alike—was given on the occasion of the Open Day for parents in July. A very large number attended, and their appreciation of what is being done for the children was voiced by one of the parents towards the end of the proceedings.

In the year under consideration, 37 Boys and 40 Girls were admitted, and 44 Boys and 34 Girls discharged.

The following Table gives a rough summary of the diagnoses in these cases :—

	Admissions 1932.	Discharges 1932.
Quiescent Tubercular Disease ...	13	15
Pretubercular	8	11
Subnormal nutrition	19	20
Anæmia	3	4
General delicacy	18	15
Other diseases	16	13
	77	78

There is a decrease in the number admitted and discharged suffering from subnormal nutrition, with a corresponding increase under the miscellaneous heading—possibly explained, however, by variation in classifying.

Thanks are due to the Head Teacher, Miss Jackson, not only for help in compiling this report, but also to her and her staff in the continued interest taken in the welfare of the children, both physical and educational.

(Signed) A. W. GAYE,
Deputy Medical Officer of Health.
Deputy School Medical Officer.

OGILVIE HOME.

Six children (4 boys and 2 girls) were in the Home at the beginning of the year.

The admissions to the Home during 1932 included 4 boys and 1 girl; and 4 boys and 1 girl were discharged.

There were, therefore, 6 children (4 boys and 2 girls) in the Home at the end of the year.

The benefit obtained has again been well marked, though not always maintained after leaving the Home in every individual case.

TONSILS AND ADENOIDS.

The following Table gives particulars of the work carried out under this heading during 1932, as compared with the experience of the preceding ten years.

		Average 1921–1925.	Average 1926–1930	1928.	1929	1930	1931.	1932.
No of Children referred to East Suffolk and Ipswich Hospital ...		173	151	137	133	148	113	129
Percentage who attended Hospital ...		82%	84%	84	86%	72%	70	77%
Percentage of the cases attending Hospital who received operative treatment ...		81%	80%	90%	68%	95	88	94%
Total attendances (Out-Patients)		262	231	207	244	188	158	195
Operations		102	103	109	110	109	89	109
In Patient Days	Over 10	33	39	33	17	-	5	4
	Under 10	69	63	29	27	25	—	28

STAMMERERS.

I append Madame Stoton's Report :—

Report for 1932.

Stammerers' Classes.

During the year 1932, 22 boys and 6 girls were included in the four classes which continued to be held at the three centres, London Road, Clifford Road, and St. Helen's, each class being held for one hour twice a week. The number on the register at the end of the year was 20.

The results obtained by treatment of defective speech continue, on the whole, to be encouraging. In two of the classes attendances were often five and sometimes six. As these were with children having very bad defective speech, and in some cases of the type well able to benefit by the training, it was regrettable that the size of the classes limited the amount of individual attention which could be given. Much more could be done for such children if the time were available.

It is noticeable that those children who enjoy a more favourable home environment with some encouragement and proper sleep respond more quickly to treatment, although there was an exception of a boy with little encouragement outside school making really good progress. Two children have not made such progress as they could have done through being thoroughly tired. Both were employed before school hours, and were apparently not being sent to bed sufficiently early.

Two children discontinued attendance before the school leaving age, as their speech was judged to be satisfactory. I recommended that one boy should discontinue because I felt that no useful purpose was served by his attendance. It is interesting to note that this was the first such case which I have had to notify since I have been taking these classes, except for two admitted to the Britannia Road Special School owing to mental deficiency.

(Signed) ISMAY STOTON
(A.L.A.M., Elocution).

January 19th, 1933

PHYSICAL TRAINING.

I have pleasure in appending the Report of Mr. W. Tye, the Organiser of Physical Training:—

Looking back over the last few years there is much evidence of progress in the Borough Schools. The most outstanding indications as to improvements are :

(1) Some 50 per cent. of the schools have access to very good Playing Fields.

(2) Nearly all the Assistant Teachers have been through Courses in Physical Training.

(3) The standard of teaching in the schools has improved.

(4) In the majority of cases the Head Teachers are showing greater interest.

(5) An increasing number of schools have indoor accommodation for Physical Exercises.

It was anticipated that more progress as to facility and general use of apparatus would have been made in the Senior Schools during 1932, but owing to the dire necessity for economy no suggestions were made to the Authority. It was thought more discreet to consolidate the ground already gained, and to get the best results possible out of existing facility.

As a consequence the Organisers have concentrated on the training of the Teachers in getting the best results from their present Syllabuses. By means of Teachers' Classes, routine visits and demonstrations, it has been shown how the ordinary free standing exercises, when intermixed with breaks and useful recreational activities, can be made effective and interesting.

Also a considerable amount of time has latterly been devoted to Games Courses; the object of which was to give the Teachers a better knowledge of coaching on the Playing Field.

TRAINING OF TEACHERS.

Practically all the Assistant Teachers have attended Elementary Courses in Physical Training since the year 1928. The women teachers have been most enthusiastic, some of them having attended two or three Courses.

There are still a few Teachers who have had no training whatever. Their services as Physical Training Teachers are naturally very limited, and it is hoped that they will take advantage of the Committee's future classes.

It would be very helpful to the Organisers if the Board would make a definite pronouncement on Physical Training and Senior Schools. Advice is required as to Time Table arrangements, and some indication as to the type of work expected. It is difficult under the present circumstances to make any arrangements for the training of the Teachers concerned.

GAMES COURSES

Games Courses were held during the Summer Term for men and women Teachers of Senior Schools. The classes were on the whole very satisfactory. The conditions under which the 42 Teachers met for instruction were ideal. Excellent pitches were always in readiness on the Britannia Playing Field, and the weather on every occasion made it possible for the running of complete courses. The object of the classes was :

(1) To encourage the Teachers to take a larger variety of progressive games.

(2) To give them practical acquaintance with methods of coaching.

During recent visits to the Playing Fields it has become already evident that the tuition has had effect.

Through the valuable help of the Office Staff it was made possible to give all the Teachers attending the classes fully typed notes and rules of games. Copies of these have since been given to the Head Teachers and Groundsmen.

PLAYING FIELDS.

The Britannia and Priory Heath Playing Fields are now in good playing condition. In fact, it is difficult to imagine any Elementary Schools having better facility.

The Wherstead Road Field, which was opened last year, is now in satisfactory condition, and is in constant use by the local Schools. The Groundsmen are giving the field systematic attention, and there seems no reason why this playing site should not become both picturesque and useful.

The groundsmen have been supplied with all the necessary plans for the marking of pitches. It is encouraging to note they are always well marked and in readiness for the use of the Schools.

There is apparently a big demand for the Playing Fields on Saturday morning, which indicates that the children and their parents are appreciating the value of fresh air and exercise. The voluntary services of the Teachers during this period are much appreciated.

DETAILS OF PLAYING FIELDS.

Playing Field.	Accommodation Pitches.		Schools	Children attending
	Summer.	Winter.		
Britannia Rd. (9 acres)	Cricket	Football (4)	Britannia Mixed ...	160
	Stool Ball	Hockey (2)	California Rd. Boys	180
	Long Ball	Gusto	Clifford Rd. Boys...	220
	Rounders	Rugby Touch	Clifford Rd. Girls...	220
	Hop Ball	Skittle Ball	Rose Hill Girls ...	120
	Mass Bowling	Net Ball (4)	St. Mary's R.C. ...	80
	Net Ball	Pillar Ball	St. John's Junior ...	40
	Rounders	American C. Ball	Britannia Special ...	160
	Danish Rounders		Central Girls ...	44
	Skittle Ball			
	American C. Ball			
Priory Heath (4½ acres)	Cricket	Football (2)	Nacton Rd Boys ...	150
	Stool Ball	Hockey (1)	Nacton Rd. Girls ...	260
	Long Ball	Rugby Touch (1)	Priory Heath Junior	300
	Rounders	Skittle Ball		
	Net Ball	Pillar Ball		
	Rounders	Net Ball (2)		
	Danish Rounders			
	Rugby Touch			
	Mass Bowling			
Stoke (9 acres)	Cricket	Football (3)	Wherstead Boys ...	180
	Stool Ball	Hockey (1)	Wherstead Girls ...	200
	Long Ball	Rugby Touch		
	Rounders	Net Ball (3)		
	Danish Rounders	American C. Ball		
	Mass Bowling	Skittle Ball		
	Hop Ball			
			Total Weekly ...	2,314

ATHLETICS.

The Schools are taking an increased interest in the athletic training of the children. During the early part of the Summer Term the games period was used for this purpose. In addition many of the Assistant Masters are assisting with the coaching of promising young athletes during the Summer evenings. The representative School Team was most successful this year in the County Sports.

It is most encouraging to find that the Head Teachers recently appointed are more interested in the general physical training of the children. They apparently realise that a child's education is not confined to the four walls of the classroom.

PROGRAMME FOR ATHLETIC SPORTS.

A conference has recently been called in London to consider athletics for children. The findings of these experts are most interesting and helpful. As there is much uncertainty to-day existing amongst those who are responsible for the organisation of athletic sports for children, it is suggested that a copy of the suggestions made by the London Conference should be sent to every School. It is very important now that Athletic Sports have become so prevalent in all types of Schools that the Teachers should have all possible guidance and advice so that no unnecessary health risks are taken.

SWIMMING.

There has been a considerable increase this year in the number of children receiving instruction in swimming—1,656, as against 1,496 of last season. The time should not be far distant when every fit child can swim. This ideal is most essential, as no form of exercise is more beneficial. This will not be attainable, however, until there is a wider provision for swimming in the Borough. This particularly applies to the northern district and the new Nacton and Gainsborough Estates. Swimming Baths here are very badly needed.

The Assistant Masters are giving excellent service in their general interest in the tuition of swimming. Their method of instruction, however, is still run on too much individual rather than class lines.

The arrangement of sending the Junior Schools to the Fore Street Baths is much better; this has considerably minimised the travelling for these young children. Mrs. Damant is a very suitable Instructress for this type of child. It is suggested that she should take the Junior boys in addition to the girls. In effect this would have the advantage of releasing the men teachers to take younger children in their own schools, and, if approved, advanced instruction for the older boys.

There is undoubtedly a demand in the Schools for advanced instruction in Swimming, and it does not appear impossible for something to be done in the matter without incurring much further expense to the Committee. It is suggested that the Borough Baths should be thrown open to children already holding Learners' Certificates from

4 p.m. to 4.30 p.m. The Instructors teaching the previous classes of learners could stay on for this period.

It is pleasing to report that 727 children obtained the Learner's Certificate last season, as against 486 of the previous year.

ACCOMMODATION.

In the building of new Schools it is encouraging to find the Authority is fully appreciative of the necessity for indoor accommodation for Physical Training.

The structural alterations in Smart Street Junior School are admirably adapted for the purpose of daily exercise. This is all to the good, as the children in this neighbourhood are in need of daily lessons.

The Central Schools have now got first class accommodation for a full gymnastic training. Having fully equipped gymnasia, there seems no reason why these Schools should not eventually carry out a full scheme of training based on the Board's more advanced Syllabuses for older boys and girls. The Girls' School has already made good use of its facility.

There is no indoor accommodation whatever in St. Margaret's V. School. Consequently during inclement weather the children here have no satisfactory exercise. It is most essential that this matter should receive serious attention by the Governors concerned.

(Signed) W. TYE,
Organiser Physical Training.

HIGHER EDUCATION.

IPSWICH SCHOOL.

Three visits were paid to this School for Routine Medical Inspection during 1932.

Term.	Boys Examined.	No. of Defects Found.	No. of Re-Examinations.
Spring	4	4	45
Summer	15	12	32
Autumn	30	18	21
TOTAL	49	34	98

The defects found are as under:—

For Treatment.	
Dental	16
Vision ...	3
Deformities ...	1
Other Defects ...	3
O.D. Skin ...	1
Adenoids ...	1
Total ...	25

For Observation.	
Enlarged Glands ...	2
Malnutrition ...	1
Otitis Media ...	1
Enlarged Tonsils ...	1
Other Conditions (Nose and Throat) ...	1
Deformities	1
Lung Conditions (Non-T.B.)	1
Nervous Disorders ...	1
Total ...	9

NORTHGATE SCHOOL FOR BOYS.

Routine Medical Inspection, "Following up" and "Sports" examinations occasioned 10 visits to this School during 1932.

Term	Boys Examined.	No. of Defects Found.	No. of Re-Examinations.
Spring	104	56	60*
Summer	119	51	39
Autumn	56	26	36
TOTAL	279	133	135

* Includes 33 boys seen as to fitness for sports

All boys of this School are examined on or before admission and in addition when they are 12 and 15 years old and before leaving School.

The defects observed are shown as under :—

For Treatment.	
Dental	15
Vision	11
Malnutrition ...	10
Skin	3
Deformities ...	2
Other Defects ...	1
Total ...	42

For Observation.	
Malnutrition ...	14
Skin	14
Enlarged Glands ...	9
Enlarged Tonsils and Adenoids	7
Other Conditions (Nose and Throat) ...	2
Other Deformities ...	7
Other Defects ...	7
Vision	3
Other Defects, Eyes ...	7
Heart Disease, Organic	1
Do. do. Functional	6
Lungs (Non-T.B.) ...	3
Suspected Pulmonary Tuberculosis ...	3
Defective Speech ...	2
Uncleanliness ...	2
Anæmia	1
Defective Hearing ...	1
Other Diseases, Ear	1
Nervous Disorders ...	1
Total ...	91

NORTHGATE SCHOOL FOR GIRLS.

Four visits were paid to this School during the year.

Term	Girls Examined	No. of Defects Found.	No. of Re-Examinations.
Spring	52	31	24
Summer	45	11	52
Autumn	50	33	24
TOTAL	147	75	100

The defects were distributed as follows :—

For Treatment.	
Dental	9
Deformities ...	6
Defective Vision ...	5
Other Defects ...	1
Total ...	21

For Observation.	
Heart Disease, Organic	1
Do. do. Functional	11
Enlarged Tonsils and Adenoids	9
O.D. Nose and Throat	7
Defective Vision ...	6
O.D. Lungs (Non-T.B.)	6
Other Defects ...	4
O.D. Ear	2
Skin	2
Deformities	1
Nervous Disorder ...	1
Enlarged Glands ...	4
Total ...	54

REPORT ON THE WORK OF THE SCHOOL DENTAL DEPARTMENT FOR THE YEAR 1932.

ROUTINE WORK.

During the year 26 Elementary and the Northgate Schools were visited. The number of Departments visited was 42, viz. :—Infants 9, Girls 10, Boys 11, Mixed 4 and Junior 8.

The teeth of 10,109 children were examined, 8,206 re-inspections and 1,903 first inspections. The following Table gives details of ages :

TABLE A.

ear of spec-ion.	Ages of Children--Routine											Total.		
	5	6	7	8	9	10	11	12	13	14	15	Rou-tine.	Non-Rou-tine.	Total In-spected
ver-age 921 930	838.2	896 2	874.1	839.3	877.7	824.7	709 8	700.8	669.4	238.7	128.5	6341.9	381.1	6643.2
931	891	1010	1081	1075	1167	1249	1101	846	752	340	125	9637	—	9637
932	905	988	1040	1075	1099	1079	1193	1228	854	338	310	10109		10109

Notes.—In the age groups 9 and upwards the average is not over 10 years but only includes the years during which inspections actually took place.

No " Non-Routines " after 1928.

Second Dental Surgeon appointed December 1st, 1922.

Third Dental Surgeon appointed April 7th, 1930.

Of the total number inspected only 1,500, or 14.83 per cent., had every tooth perfectly sound, whilst 30.76 per cent. had mouths containing 8,525 septic teeth, an average of 2.74 each, as witness the following Table :—

TABLE B.

Year.	Percentage of Children having septic teeth.	Average number of septic teeth per child.	Percentage having "All-sound" teeth.
Average 1921-1930	48.63	2.87	10.35*
1931	37.54	2.78	13.32
1932	30.76	2.74	14.83

*Average of 4 years only.

Of the total number inspected only 4,263, or 42.16 per cent., had all the permanent teeth present in the mouth perfectly sound, whilst 4,398 or 43.50 per cent. had decayed permanent teeth which were savable.

Thus in 1932 the percentage of children having septic teeth showed a substantial decline from the average experience, and there was a definite increase in the proportion of children with all sound teeth. Even yet this proportion is lamentably low.

The following comparative Table gives the necessary details :—

TABLE C.

Children having one or more permanent teeth decayed savable :—

Year.	Number of Permanent Teeth Decayed Savable.												Total No. of children with decayed permanent teeth savable.	Total No. of Decayed Perm. teeth savable.	Percentage of children examined.
	1	2	3	4	5	6	7	8	9	10	11 and 12	Over 12			
Average 1921 1930	946.3	1067·2	405.1	294.6	34	15.2	6.3	3	—	—	—	—	2587.3	5302.8	39.04
1931	1,441	1,450	714	643	103	44	15	11	7	1	—	—	4,429	10,100	45.95
1932	1,620	1,447	694	453	101	49	20	8	2	3	1	—	4,398	9,471	43.50

7,591 permanent teeth filled in previous years were found artificially sound.

Table D. gives details regarding children selected for treatment.

TABLE D.

Year.	Children Inspected.	Selected for Treatment.	Percentage Selected.	Extractions only.	Fillings only.	Fillings and Extractions.	Dressings only.
Average 1921-1930	6341.9	4376.8	70.14	44.63	26.55	28.54	0.14
1931	9,637	6,761	70.15	36.34	37.80	25.57	0.29
1932	10,109	6,487	64.17	33.08	41.68	24.89	0.35

During the year 6,466 letters were sent to parents inviting consents to treatment; of these, 5,938 letters were returned 56.09 per cent. consents and 43.91 per cent. refusals.

The following Table indicates the variation in the percentage of "consents to treatment."

TABLE E.

Year.	Selected for Treatment.	Percentage of consents.
1920	1,772	63.00
Average 1921-1930	4376.8	58.60
1931	6,761	60.2
1932	6,487	56.09

Table F. gives the number of children treated, together with the extractions and fillings:—

TABLE F.

Year.	Children Treated	Teeth Extracted.			Number of Fillings		
		Temporary.	Permanent.	Total.	In Temp Teeth.	In Perm. Teeth	Total
Average 921-1930	3323.7	5802.1	494.2	6296.3	365.1	2177.4	2842.5
1931	4,811	7,809	1,117	8,926	27	5,686	5,713
1932	1,458	5,925	1,230	7,155	105	4,552	1,657

SUMMARY OF WORK IN 1932.

Routine Dental Inspection and treatment now includes children of all ages in the Elementary Schools, the Non-Routine group having entirely disappeared.

The following are tabulated details of work done during the year.

Number of schools visited	28
,, ,, visits to schools	143
,, ,, departments visited	42
,, ,, half days devoted to dental inspection	143
,, ,, mouths examined at dental inspection	10,109
,, ,, children selected for treatment	6,487
,, ,, letters sent	6,466
Actual number of children treated	4,458
Number of attendances made	6,303
,, ,, appointments made	6,734
,, ,, appointments broken	1,432
,, ,, amalgam stoppings in permanent teeth	2,528
,, ,, amalgam and cement stoppings in permanent teeth	1,556
,, ,, cement stoppings in permanent teeth	452
,, ,, root canal treatments	16
,, ,, amalgam stoppings in temporary teeth	42
,, ,, cement stoppings in temporary teeth	63
Total number of stoppings	4,657
Number of permanent teeth stopped	4,037
,, ,, temporary teeth extracted	5,925
,, ,, permanent teeth extracted	1,230
,, ,, local anæsthetic cases	596
,, ,, nitrous oxide administrations	2,627
,, ,, sundry dressings in temporary teeth	71
,, ,, sundry dressings in permanent teeth	2,663
,, ,, children for whom advice was sought	403
,, ,, children brought to Clinic who then refused treatment	26
,, ,, children treated who had been treated in former years	1,550
,, ,, talks to parents at schools	12
,, ,, employment cases treated	10
,, ,, artificial crowns fitted	1
,, ,, gold inlays	2
,, ,, regulation plates fitted	17
,, ,, dentures fitted	6
,, ,, porcelain tips fitted	1

With reference to the number of temporary teeth extracted for children of all ages, including those under school age, it is consoling to observe that these numbers are now decreasing. Taking the figures of the last three years as an example :

1930—Temporary Teeth extracted	...	10,230
1931—	...	8,739
1932—	...	6,694

On the other hand, the number of Stoppings for the preservation of the temporary teeth has satisfactorily increased from 86 in 1931 to 149 this year.

This is no doubt considerably due to the fact that as pre-school age children are now being treated at the Clinic, the Dental Surgeons have a greater opportunity of saving the teeth of the First Dentition.

Unfortunately, many parents are still opposed to the saving and care of the teeth of the first set. They argue that these teeth are only temporary and are completely replaced by a permanent set; so they only bring their children to the Clinic when pain is evident, when the only treatment possible is extraction. They completely overlook the proven facts that a child with decayed teeth, whether temporary or permanent, is likely to suffer appreciably in health. Toothache often being the last symptom to make itself manifest, the body mechanism may have been hopelessly upset long before this, owing to septic absorption from these decayed teeth. As an example, indigestion, a common complaint as a result of diseased teeth, is far more harmful in a child than in an adult, because with indigestion go interference with nutrition (and therefore with growth), loss of appetite, loss of sleep and loss of general health and vitality.

The Radiologist at the East Suffolk Hospital kindly took on our behalf four X-ray photographs of children's mouths.

During the year £103 8s. 2d. was received in payment for treatment from 3,742 children, an average of 6½d. each.

Thomas A. Edmondson,
School Dental Surgeon.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1932.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	1,271
Second Age Group ...	1,060
Third Age Group ...	1,211
Total	3,542

Number of other Routine Inspections ...	173

B.—OTHER INSPECTIONS.

Number of Special Inspections	7,005
Number of Re-Inspections	6,837
Total	13,842

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1932.

Defect or Disease.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	94	23	56	—
Skin	Ringworm—Scalp ...	—	—	7	1
	Body ...	—	—	11	—
	Scabies	4	—	65	1
	Impetigo	7	1	328	4
	Other Diseases (Non-Tuberculous)	7	21	721	24
Eye	Blepharitis	1	9	36	—
	Conjunctivitis	1	—	68	—
	Keratitis	—	—	7	—
	Corneal Opacities ...	—	—	2	—
	Defective Vision (excluding Squint)	104	68	87	8
	Squint	14	14	18	3
	Other Conditions ...	1	18	89	11
Ear	Defective Hearing ...	13	35	2	4
	Otitis Media	3	—	40	—
	Other Ear Diseases ...	6	30	85	16
Nose and Throat	Enlarged Tonsils only ...	6	542	63	91
	Adenoids only	—	30	12	6
	Enlarged Tonsils & Adenoids	32	21	59	3
	Other Conditions ...	2	19	341	11
Enlarged Cervical Glands (Non-Tuberculous)		—	220	158	22
Defective Speech		7	14	13	2
Heart and Circulation	Heart Disease—Organic ...	—	2	11	1
	Functional	—	182	8	12
	Anæmia	1	6	13	2
Lungs	Bronchitis	16	12	57	2
	Other Non-Tuberculous Diseases	5	220	—	—
Tuberculosis	Pulmonary—Definite ...	1	—	6	—
	Suspected ...	4	41	3	18
	Non-Pulmonary—				
	Glands	—	—	11	1
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	1	1
Nervous System	Epilepsy	—	—	2	4
	Chorea	—	—	11	6
	Other Conditions ...	2	21	3	5
Deformities	Rickets	—	1	—	—
	Spinal Curvature ...	—	—	—	1
	Other Forms	2	37	4	11
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		23	115	1077	60

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

GROUP.	Number of Children		Percentage of children found to require treatment.
	Inspected	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups—			
Entrants	1271	118	9.3
Second Age Group ...	1060	90	8.5
Third Age Group ...	1211	104	8.6
Total (Code Groups) ...	3542	312	8.8
Other Routine Inspections	173	12	6.9

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
ildren suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the table), or Heart Disease			4	4	8
ind icluding rtially ind)	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ...	1		1
		At Public Elementary Schools ...			–
		At other Institutions	—		—
		At no School or Institution ...	-		- -
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools ...	9	8	17
		At other Institutions	-	- -	- -
		At no School or Institution ...	2	1	3
eal icluding af and imb and rtially af).	(i) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf ...	3	6	9
		At Public Elementary Schools ...	1		1
		At other Institutions	–	2	2
		At no School or Institution ...	—	—	—
	(ii) Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools ...	3	—	3
		At other Institutions	–	—	–
		At no School or Institution ...	3	1	4
entally efective	Feebleminded	At Certified Schools for Mentally Defective Children	50	44	94
		At Public Elementary Schools ...	1	1	2
		At other Institutions	—	—	—
		At no School or Institution ...	3	4	7
ileptics.	Suffering from severe Epilepsy	At Certified Schools for Epileptics ...		1	1
		At Certified Residential Open Air Schools			—
		At Certified Day Open Air Schools ...			—
		At Public Elementary Schools ...			–
		At other Institutions			–
		At no School or Institution ...			–

TABLE III.—continued.

			Boys	Girls	Total
Epileptics (continued)	Suffering from Epilepsy which is not severe.	At Public Elementary Schools ...	6	7	13
		At no School or Institution ...	1	—	1
	Active pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	10	6	16
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	1	3	4
	Quiescent or arrested pulmonary tuberculosis (includ- pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	8	3	11
		At Public Elementary Schools ...	33	31	64
		At other Institutions	—	—	—
		At no School or Institution ...	17	10	27
Physically Defective.	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	5	7	12
		At Public Elementary Schools ...	33	44	77
		At other Institutions	3	1	4
		At no School or Institution ...	11	11	22
	Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	—	2	2
		At Public Elementary Schools ...	13	5	18
		At other Institutions	—	—	—
		At no School or Institution ...	1	3	4
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Day Open Air Schools ...	1	1	2
		At Public Elementary Schools ...	15	12	27
		At other Institutions	1	2	3
		At no School or Institution ...	4	3	7

TABLE III.—continued.

			Boys	Girls	Total
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Day Open Air Schools ...	—	1	1
		At Public Elementary Schools ...	1	5	6
		At other Institutions	—	—	—
		At no School or Institution ...	—	1	1
	Delicate children i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Certified Residential Open Air Schools	3	2	5
		At Certified Day Open Air Schools ...	33	44	77
		At Public Elementary Schools ...	59	57	116
		At other Institutions	4	4	8
		At no School or Institution ...	27	21	48
ysically efective— ntinued	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ...	1	—	1
		At Certified Residential Cripple Schools	1	—	1
		At Certified Day Cripple Schools ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	2	1	3
		At Public Elementary Schools ...	9	7	16
		At other Institutions	1	—	1
		At no School or Institution ...	—	2	2
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	1	3	4
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1932.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	Number of Defects Treated, or Under Treatment During the Year Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm, scalp	—	7	7
Ringworm, body	7	4	11
Scabies	22	47	69
Impetigo	71	264	335
Other skin disease	216	512	728
Minor Eye Defects—(external and other, but excluding cases falling in Group II). ...	82	123	205
Minor Ear Defects	10	81	91
Miscellaneous—(*e.g.* minor injuries, bruises, sores, chilblains, etc.)	446	651	1,097
Total	854	1,689	2,543

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total (5)
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report) ...	408	6	—	414
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	—	—	—	—
TOTAL ...	408	6	—	414

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	305
(b) Otherwise	3

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	278
(b) Otherwise	3

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number Treated. (5)
109	—	109	63	172

Group IV.—Dental Defects.

1.—Number of Children who were :—

(a) Inspected by the Dentist :—

	Aged.		
Routine Age Groups	5	905	Total 9,394
	6	988	
	7	1,040	
	8	1,075	
	9	1,099	
	10	1,079	
	11	1,116	
	12	1,080	
	13	741	
	14	271	
Specials			1,430
Grand Total			10,824

(b) Found to require treatment 6,772

(c) Actually treated 4,367

2.—Half-days devoted to Inspection 131
Treatment 1,292 Total 1,423

3.—Attendances made by children for treatment ... 5,772

4.—Fillings : Permanent teeth ... 3,874
Temporary teeth ... 105 Total 3,979

5.—Extractions : Permanent teeth ... 1,167
Temporary teeth ... 5,892 Total 7,059

6.—Administrations of general anæsthetics for extractions 2,527

7.—Other operations :—
Permanent teeth 2,165
Temporary teeth ... ... 71 Total 2,236

Group V.—Uncleanliness and Verminous Conditions.

1.—Average number of visits per school made during the year by the School Nurses 3.7

2.—Total number of examinations of children in the Schools by School Nurses 25,241

3.—Number of individual children found unclean ... 228

4.—Number of children cleansed under arrangements made by the Local Education Authority 15

5.—Number of cases in which legal proceedings were taken :—
(a) Under the Education Act, 1921 ... nil.
(b) Under School Attendance Byelaws ... nil.

A. M. N. PRINGLE,
School Medical Officer.